

THE MEDICAL AND SURGICAL REPORTER.

No. 1563.]

PHILADELPHIA, FEBRUARY 12, 1887. [Vol. LVI.—No. 7.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE DIFFERENTIAL DIAGNOSIS OF CANCER IN THE MESENTERY.*

BY W. C. VAN BIBBER, M. D.,
Of Baltimore.

It was a surprise to me, whilst making some investigations connected with this paper, to find that the differential diagnosis of cancer in the mesentery may almost be considered as a new subject. To present the matter clearly, there are so many points to be submitted for consideration, and such a necessity that each one should follow the other in a proper sequence, that there is evidently a choice of ways in which the subject may be presented.

Fortunately, the high authority of Lord Verulam is applicable to such an emergency. He advises to commence by what he terms "the opening of the way." By this is meant a statement of the facts connected with the case, and of these facts, I have a record of three cases with which to begin.

Case 1. Miss Mary B., æt. 23, had been healthy as a child, a girl, and a woman, until about the middle of November, 1884. She was at that time engaged in teaching school, and being placed under favorable circumstances, there was no known cause to which her sickness could be attributed. She commenced by complaining of pain in the back. Soon the pain was referred to the left side, and gradually became more diffused and incessant. Yet as to location, it

was always referred to the left side; sometimes in the hypochondriac, then in the lumbar, and sometimes again in the iliac region. The pain was always described as a deep-seated, internal, never-ceasing pain. Of its character there was less uniformity; sometimes it was said to be lancinating, making her cry out. Again, it was steady and constant; sometimes shifting from point to point, over a surface embracing the three regions mentioned. She had been attended during the course of her sickness by several physicians, who had tried many means of alleviating this pain, but without success. Finally, whilst Dr. J. Houck was her attending physician, I was called in consultation. I first saw her on the 10th of February, 1886, after she had been sick and under treatment for about a year and four months. I had no difficulty about expressing a diagnosis. A large tumor in the left hypochondriac region, with well marked pointing and fluctuation over the middle of it, accompanied by pain, a weak, thready pulse, and a general cadaverous appearance of the patient, left no doubt in my mind that it was an abscess, and most probably of the spleen.

To my great surprise, however, Dr. Houck's longer study of the case had taught him to think quite otherwise. "There can be no abscess," said Dr. Houck, "because at no time has there been any rigor, and the thermometer has never been above normal, but, on the contrary, most frequently it has been sub-normal."

Notwithstanding this evidence, such was the firmness of my conviction, that, at my earnest solicitation, it was agreed to return the next day and aspirate the supposed abscess.

* Read before the Baltimore Academy of Medicine, January 18, 1887.

In the meantime warm poultices were ordered to be applied to the spot where "pointing" was then so distinct.

When we returned the next day, the appearance of the parts had entirely changed. The size of the tumor had subsided, there was no longer any pointing, or perception of fluctuation. Such a change was scarcely credible; so that the needle was passed deeply in at the point where fluctuation was so distinctly felt the day before. No pus was obtained.

Prof. S. C. Chew saw the patient with Dr. Houck and myself on the next day. He declined making a diagnosis. The patient died on the 20th of February, 1886. On the 21st, when we were assembled for the autopsy, I again committed myself to the diagnosis "of an abscess somewhere, most probably in the peritoneum." Drs. Houck and Chew again declined committing themselves to a diagnosis.

The autopsy was made by Dr. Claude Van Bibber, who has furnished this report. "Body emaciated and pale. Only the abdominal cavity opened. Immediately on dividing the peritoneum a large hard mass presented in the umbilical, the left hypochondriac, and lumbar regions. Examination showed this to consist of the mesentery, which was immensely enlarged, and as hard as cartilage. It was irregular in shape, and involved in the disease was the left kidney, enlarged to the size of a cocoon, and very hard. On section, its tissue was dense and fibrous, no trace of kidney structure remaining. The right kidney was enlarged, but upon section, the structure was normal. The small and large intestines were completely devoid of fat, had a thin and shrunken appearance. The other organs were normal."

Dr. Chew took the specimen to the Johns Hopkins University to have it examined microscopically. It was the intention to exhibit it to this Academy with this paper, but unfortunately the specimen has been lost.

Case 2. H. Sardine, æt. about 65, whose disease was of more than a year's duration. He was a private waiter, temperate, well and comfortably provided for, and no adequate cause could be assigned for his sickness. His early symptoms are indefinitely described, but consisted for the most part of constant and deep-seated pains in the abdomen with constipation. When the bowels were forced by purgatives the pains increased, and toward the last were principally in the rectum. For these reasons, and also from the character of the moulded feces, the diagnosis of his physicians was "stricture of the rectum."

Dr. Nathan Gorter, assisted by Dr. Claude Van Bibber, made the post-mortem examination of this case. Their detailed report of the autopsy is long and minute, so that those points only which apply to the subject now under consideration will be given. The report says: "The mesentery was the part most completely involved in the disease. It was harder than cartilage, and equally without vascularity. It was four inches thick, and twelve inches broad. It pushed the other viscera from their situation *in situ*. The meso-colon was largely diseased, as also the meso-rectum, which gave reason for the diagnosis of "stricture of the rectum."

Case 3. Mr. F., which I reported in the *Transactions of the Medical and Surgical Faculty of Maryland*, in 1876. The diagnosis before the death was "cancer of the omentum." The autopsy was made by Dr. C. F. Bevan. A synopsis from his report says:

"The omentum was small and atrophied; stomach, liver, spleen, pancreas and kidneys normal; small and large intestines normal except in size and color. They were thin, shrivelled, and wasted, and of a peculiar pink hue. The mesentery alone was diseased; it was three inches thick by fifteen inches broad. Microscopically, in consistence it was harder than the hardest cartilage. No trace of a single vessel in it could be found. Microscopically, it was examined by Professors Bevan and Tiffany. The cells found were of a mixed and undefined character."

I have not been able to find any case like this on record, and more will be said of it hereafter.

There are three cases and three autopsies. The scalpel revealed three cases of cancer of the mesentery.

There were three mistakes in diagnosis. One case was mistaken for abscess of the spleen; another for stricture of the rectum, and the third for cancer of the omentum. The object of this paper is to show, if it is possible, how cancer of the mesentery may be recognized with greater certainty.

So far as my study of the subject has gone, this is a point which needs elucidation and authority.

Without tracing the subject further back than 1855, the date of the issue of "Cope-land's Medical Dictionary," which was supposed to be the most comprehensive book of its time, I fail to find in it, or in any of the many excellent systems or compendiums of the practice of medicine which have been published since, or even in any of the spe-

cial works upon diseases of the abdomen, any detailed assistance towards "the differential diagnosis of cancer of the mesentery." It is casually mentioned in some of the authorities, but not especially dwelt upon.

Yet, I cannot assert, that much more than I have been able to find, may not yet be contained in the wealth of the National Library, or referred to in the "Cresus" pages of the *Index Medicus*.

He who has more of the excellent and exceeding virtue of the patriarch of old than I have, or whose days go further towards the days of the son of Enoch than any of us can expect to go, must complete the search, and correct me, if I am wrong.

The suggestions which will now be made concerning the differential diagnosis of cancer in the mesentery and the points to which attention will be called, are, the frequency of the disease, some of its anatomical peculiarities, its duration, its symptomatology and pathology.

One point to be taken into consideration in the diagnosis of any disease is its frequency. The importance of any disease in general practice is also measured, in some degree, by its frequency.

In what proportion of the cases of abdominal disease mesenteric cancer occurs is, as yet, not numerically established. The data which I can give, or have been able to collect, on this point, can scarcely as yet be considered as even a basis for conjecture.

The number of autopsies which I have made in my own private practice, together with those at which I have assisted in the private practice of others, amount to 152. Of these, three deaths have occurred from malignant disease of the mesentery. But this will give no real data for the proportional frequency of this disease, because the autopsies made in private practice are only occasional opportunities, and are principally of recondite cases, of which a diagnosis during life was most difficult.

Of the 152 post-mortems, 68 were of abdominal diseases. In 1, the mesentery alone was affected. In 2, the mesentery was so much more affected than any other organ that it was reckoned as the cause of death. In 7 other cases the mesentery was, more or less, involved in the malignant disease. This gives for the 68 cases 14.7 per cent. of mesentery disease. This may be considered too large a proportion for abdominal diseases generally; but it is intended to approximate to the proportional figure for malignant diseases of the mesentery when other abdominal organs are involved.

The next point to which attention will be called is what assistance can be obtained for the diagnosis of mesenteric cancer from a study of the anatomy of the part.

It will be admitted, upon reflection, that the means to be commanded, and the physical explorations which can be used to facilitate the diagnosis of disease of the mesentery are necessarily limited. The exclusion of other diseases holds a more prominent place in this than in the diagnosis of almost any other organ. Otherwise than by exclusion, the diagnosis must be made entirely from symptoms which must be studied.

In order to show this important point more clearly, let me recall to you a few points in the anatomy of the mesentery. M. Sappy, who is high authority upon the anatomy of the viscera, says: "In measurement, the plane of the normal mesentery is not larger than the hand. It is six inches long by four in width. It is a membranous pedicle to which the convolutions of the intestines are attached upon its movable border. This pedicle, of an irregular quadrilateral figure extends from the left side of the second lumbar vertebra to the posterior border of the cæcum. Its direction is not vertical, but a little oblique from top to bottom, and from right to left. It is highest in the middle part and arches to its extremities. Firmly attached posteriorly, it undulates with a fluted border, and has been compared to a fluted cuff; the outer edge of which bears, like a ruffle, the small intestines from the jejunum with the ilium to the cæcum. The mesentery is formed by a folding of the peritoneum two blades upon each other. Between these blades, from the base of the pedicle, run voluminous arteries, corresponding veins, lymphatic ganglions, and a quantity of cellular tissue. Such are the parts which compose this membrane." The anastomoses of the arteries are free and numerous. They anastomose with the colic, the sigmoid, and the hemorrhoidal arteries.

A knowledge of its anatomical peculiarities, as compared with those of other organs, may assist the study of its diagnosis in disease.

It is important to observe that, as a pedicle, the mesentery is attached behind, to a thick and hard base, and cannot be approached by the sense of touch from any direction. It is not possible to reach it by sight or sound, therefore, the senses are excluded from our means of diagnosis.

In order to show yet more clearly the difficulties to be encountered in the diagnosis of disease in the mesentery, let it be com-

pared, in this respect, with the diseases of the viscera in the other three cavities of the body.

In the encephalon, some of the means now relied upon for a diagnosis are the knowledge possessed of the localized functions of the separate parts of the two brains, together with the tracings of the nerves which go out from these organs. This, in its entire embrace, is one of the most absorbing studies of the day, and is being advanced with industry.

The means for the diagnosis of the diseases of the viscera within the cavity of the thorax are amply facilitated by four of the senses.

The viscera in the cavity of the pelvis by the same, and even more largely assisted by other means, especially by instruments.

But the changes which occur in the mesentery cannot be thus aided by physical exploration. Other means must be relied upon.

What is the function of the mesentery? Although it is necessary to the support of human life, it has no active function. It simply serves as a support, or a table, for the transmission of vessels going to organs which sustain life. When a free flow through these vessels is being gradually obstructed, health must be impaired, and finally, when completely obstructed, life must be extinguished. A knowledge of what changes may occur while this process is going on is worthy of study, and to assist in demonstrating this point, there are three prominent analogues of similar pedicles and pediculated bodies, to be found in the human body. These are the roots of the lungs, the spermatic cord, and the ovaries. It is scarcely within the range of fair anatomical definition to speak of the neck as the pedicle of the head, although in certain diseases of the neck the circulation of the blood, in the head, is impeded.

The lungs have no vascular connection with the body except through their roots. They are otherwise completely isolated. All that enters into the parenchyma or substance of the lungs in health or in disease, or what is removed from them in this latter condition, must pass through the roots of the lungs. Diseases in the roots, as well as in the substance of these organs, may be recognized by various means of diagnosis, and it is known that when the disease involves the root the body of the organs beyond suffers in a peculiar manner. The peripheral circulation, both of ingress and egress, are impeded, and those who treat diseases of the lungs with these facts before them have advantages. In pneumonia, for example, how

can the masses of plastic deposits be removed except through the roots of the lungs?

The same may be said for the testes and the spermatic cord. I am now treating a case in which the circulation through the spermatic cord of the right side is nearly obliterated, and the testicle upon that side is correspondingly affected.

The diseases of the uterine ligaments, which transmit vessels in the ovaries, are sometimes difficult to diagnose, but these are more easily reached than the mesentery, and the rules which govern the diagnosis in the one case cannot all be applied to the other.

Duration of the disease. There is but little certainty as yet upon this point, because there are not enough cases collected from which to obtain an average. It may be said, as a rule, that cancer is a disease of long duration. In my own cases, all three of them were under treatment more than a year. The nearest approximation to which I can arrive is 40 months for the three cases. This gives an average of 13.3 of a month for each case. The difficulty consists in not being able to determine the initiation of the disease. By what train of symptoms, when grouped together, may the disease be first suspected?

A rule which may be applied to the answer of this question may be expressed somewhat in this way. Granting that an existing disease, in any individual, can be fairly located in the abdomen; then, if it be obstinate, unrelievable, and progressive, malignancy may be suspected or inferred. Again, if in the progress of the disease the symptoms do not show by well known pathognomonic and individual symptoms that other organs are involved, as for example, the stomach, the liver, the pancreas, spleen, or kidneys, then it may be inferred that some rarer form of disease exists. Such a train of reasoning may, by being closely followed, finally lead up to the opinion that there is cancer of the mesentery.

What are, besides these, its own pathognomonic symptoms? The three cases which I have reported had one symptom in common. But the third case given, viz., that of Mr. Fondriat, is remarkable. So far as I can find out, it stands solitary and alone, in the fact that the mesentery was the only organ found involved in the malignant disease. The post-mortem was made most carefully, and in the presence of many experienced physicians, hence the history and prominent symptoms of this patient may be interesting.

He was 68 years of age, and of a strong and

healthy figure. His occupation had been formerly a distiller, and latterly a lace finisher. He had always been temperate. His symptoms from the beginning to the end were those of an aggravated and increasing indigestion, or dyspepsia. He had constant uneasiness in the abdomen, and many acute and prolonged pains. These pains were always referred to the region of the mesentery. The most painful symptom was an obstinate constipation. For the relief of this he used powerful purgatives and enemas. The action of these remedies was invariably attended with intense suffering, and generally with the expulsion of a small amount of fecal matter. He had disturbed sleep, anorexia and emaciation. He had beside these many other wandering pains, but the great peculiarity of his pain, and also that of the other two cases, was that of being deep-seated, constant, sometimes acute and lancinating in character, at other times dull and wearing. These pains were always referred to the region of the mesentery. Under anodynes the pain would be ameliorated, but only to return as the anodyne effect wore off.

This is what may be said for the symptoms: concerning the pathology of the third case reported, it may be considered a rare opportunity and a treasure. The mesentery was the only organ involved. It is a solitary case, consequently the pathology of the disease, so far as I can give it from my own knowledge, must include only this one case. All the other cases had complications.

It was well put by Professor Bevan. "The small and large intestines," he said, "were normal except in size and color; they were thin and shriveled, and of a peculiar pink hue."

This might have been anticipated from the nature of the disease.

All blood supply and vital activity had been cut off from the intestines.

The same fact and illustration of the same principle may be seen in nature every day. They may teach us.

A full-blown flower, when the circulation of its sap is impeded by a disease or a break in the stalk, shrivels and changes its color as it dies.

There is another law supposed to govern the frequency of cancer in the abdominal organs, which should be mentioned. It is this, that the abdominal organs are attacked, with malignant disease in numerical frequency, according to the supposed activity of their physiological functions. Thus, first the stomach, then the liver, third the intestines, and of these latter the most frequent

points for malignant diseases are the cæcum, the sigmoid flexure, and lastly the rectum.

Judged by this law of function alone, malignant disease of the mesentery might reasonably be expected to be of rare occurrence.

Concerning the diagnosis of cancer of the mesentery, I have shown that in frequency it may be expected in 14.7 per cent. of all malignant abdominal diseases. If it is thought that this is too large a proportion, time and further observation will prove it to be so.

It must be remembered that this is an approximation to the number of cases where the mesentery is involved in the malignant disease together with other organs, not where it is primarily affected and the sole organ diseased.

I have endeavored to show not only how a study of its anatomy as a pedicle, and its use as a support for the circulating vessels of the intestines, may assist in the matter of a diagnosis, but I have tried also to show how its study together with its analogues as a pedicle may illustrate many practical points of interest and usefulness.

Further than this, I have shown what character of pain may be expected to demonstrate the disease, and how the diagnosis may be facilitated by a careful study of the character of the pains.

In the single case which has been brought forward so frequently, it is believed there is not one like it upon record, and it well deserves to serve as a starting point in the study of the differential diagnosis of cancer of the mesentery.

ON THE USE OF WHALEBONE BOUGIES IN THE TREATMENT OF URETHRAL STRICTURES.*

BY J. H. BRINTON, M. D.,

Professor of Surgery, Jefferson Medical College.

I propose, for a few moments, to ask the attention of the Society to some points in the application of filiform bougies to the treatment of urethral stricture, although it is not my purpose to institute any comparison between other modes of treatment and that of which I shall speak. I wish merely to refer to the process of rapid dilatation, effected in the course of a few minutes, by the introduction of stretching instruments, the employment of which is preceded and accompanied by the use of filiform bougies. When these

* Read before the Philadelphia County Medical Society.

latter were first introduced they were warmly welcomed, but I think that of late some disappointment has been felt in regard to their efficiency, a disappointment which, however, I do not share. I believe that in these instruments we have an efficient mode of treating stricture, provided they be properly constructed, and skillfully manipulated.

As I have never been quite satisfied with the whalebone filiforms of the shops, I have for some years been in the habit of making my own, and with these I have experienced comparatively little difficulty in treating stricture, and in relieving obstinate cases of retention. My experience has convinced me that all organic urethral strictures of non-traumatic origin are pervious to the filiform bougie, patiently and systematically essayed, and this is the essential and starting point in the treatment which I prefer.

In making my bougies, I purchase the material from a dealer in New York.* These long, slender, rounded whalebones of various thicknesses are articles of commerce, and are used for many purposes in the arts. They are rounded through a drawplate, and come in lengths of twenty-seven or twenty-eight inches, costing about two dollars a gross. Each piece will make two bougies. In preparing them I first cut off the end transversely, so as to get rid of any tendency to split. I then round the end by rubbing it lightly on a sheet of emery paper gummed upon a board. I then make the extremity bulb-shaped. I am told that the bulb is usually produced by the action of a file. This, I think, is objectionable, as it impairs the fibre of the bone, and renders it liable to break or cut when metallic instruments are slid down over it. I make the bulb extremity by placing the end of the whalebone in a groove on the board, and shave or scrape it from the end with a very sharp knife. I then shave down the shank and neck in like manner in the opposite direction, until I have formed a conical neck from three to four inches long and of almost capillary thickness as it approaches the bulb. The shaping of the bulbar end demands some dexterity in handling the knife, and to insure accuracy I do this under a lens of low power. Having shaped the filiform with the knife, it may, if desired, be yet more smoothed by being rubbed laterally on the emery-board. In case cylindrical whalebone can not be obtained from the manufacturers, the irregular strips may be readily rounded by being passed through a watchmaker's drawplate or wire-gauge. As the filiform whale-

bone bougie is the guide upon which or over which metallic instruments are to be passed, each one should be carefully fitted. This can be done by frequently passing it upward and downward through the tunneled perforation in the beak or extremity of each and every instrument in conjunction with which it may in future be used. This may seem a small matter, but, in fact, the harmonious action of the guide bougie and its metallic companion has much to do in effecting a ready passage of a strictured point. [The speaker here illustrated the process of constructing the bougie.] After using one of these instruments, should the neck become bent or twisted, I place it for a moment in hot water, and then press it in the leaves of a book.

In endeavoring to pass a stricture I make the first attempt with a whalebone: if it passes, well and good. If it does not go through, I follow it with others, perhaps five or six, until the follicles or folds of the mucous membrane near the stricture are occupied. Then by patiently essaying the inserted filiforms, I almost always succeed in getting beyond the stricture at the first sitting. Sometimes, although very rarely, and in non-urgent cases, if great difficulty be encountered at the first trial, and the patient be frightened and irritable, it may be advisable to desist for the day, and to make a subsequent second attempt. Success at the first trial is, however, the rule, if the instruments be well made and the efforts be gentle. There is, however, a caution to be observed as to the time of making use of filiform instruments. Their application in cases of tight stricture should be primary—I mean that one cannot expect to succeed with them if they have been preceded on the same day by the attempted introduction of round-ended instruments, the tendency of which undoubtedly is to obscure or close in some way the narrow opening of a resisting stricture, and thus to render its detection more than usually difficult. I may add here that I always use the straight filiform.

The whalebone, when once introduced, serves as a guide to the metallic catheter, or stretching instrument. This may be the tunneled catheter, or any of the various forms of dilators or divulsors: preferably, I think, that of Sir Henry Thompson, followed by the powerful and most efficient instrument designed by Prof. S. W. Gross, and which registers from 16 to 40 of the French scale.

In using metallic instruments in conjunction with the filiforms, there is one point to

* Joseph F. Tobin, 82 Duane St., N. Y.

which, I think, attention has not been directed. We are ordinarily told to slide the metallic instrument over the whalebone through the stricture into the bladder; in so doing, the whalebone may be cut at the seat of stricture. I have often heard of this accident, and I have seen it happen. I avoid it in this manner: Having passed the whalebone into the bladder, I carry the metallic instrument—threaded on it, as it were—down until I reach the stricture, the point of resistance. I then cease to push the metallic instrument along the filiform, but slightly withdrawing the latter to gain a little by its conicity, I grasp firmly both instruments between my thumb and finger, and gently carry them on together. In this way I am almost certain to pass the resisting point, and, if the stricture be single, to reach the bladder. I speak on this matter somewhat positively, since I have used these instruments largely, and cannot, for many years, recall a case which I have failed to pass in the manner described.

In employing the stretching instrument, I usually separate the blades as far as No. 30 or No. 35 of the French scale, and on its withdrawal introduce a steel bougie of about the same calibre, to see that all is right and that the urethra is clear. The bougie is then removed, and is not reintroduced until the third or fourth day. The after-treatment consists in the hypodermic use of morphia, etc., full doses of quinine, and in a milk-diet.

In retention dependent upon tight and irritable stricture, not readily overcome by the catheter, I have often succeeded by simply passing a whalebone into the bladder, and leaving it *in situ*. The urine will readily pass along the filiform by capillary action, and the steady dribbling thus established will in a short time empty the bladder. The presence of the whalebone serves also to render the stricture less tight, and so facilitates the after-passage of metallic instruments should their use be considered desirable.

RUPTURE OF THE BLADDER.

BY WALTER H. PARCELS, M. D.,

Of Lewistown, Pa.

A case which has excited half the State of Pennsylvania because of its legal and sensational features may possibly possess some surgical points worthy of record. John A., aged about thirty-five, came to my office in October last complaining of cystic irrita-

tion. He said he thought an old stricture was troubling him, which had some years before been discovered and dilated by a reputable physician, who regarded it as the result of gonorrhoea. He objected to my passing the sound, as the symptoms were not urgent, promising to have the matter attended to if the difficulty increased. I gave a prescription for some palliating medicine. I had never seen him before. About two weeks later he called, saying that he was somewhat relieved. I did not see him again until the day after Christmas, when I was hastily summoned to his bedside. I found him suffering intense agony, the pain being located in the lower part of the abdomen, chiefly on the left side. He was in too much misery to give an intelligent account of his ailment. I gave a hypodermic of morphia, and after he was slightly easier, began my interrogatories.

I naturally congratulated myself that I had a previous knowledge of the supposed existence of a stricture of the urethra. He said that during the previous night he had had frequent calls to urinate, passing, probably, a tablespoonful at a time. Had suffered some, though not serious, pain during the night and forenoon, which had become terrible about twelve o'clock, or four hours before I saw him. Had, during the forenoon, made a trip to Lewistown (three miles distant), at which place he attempted to urinate, when the pain became so intense that he could with difficulty get home again.

These were all the facts I could get from him, and the throng of fellow-workmen were either unable or unwilling to volunteer any further information, though they were zealous in their efforts for his relief.

He had slight fever, pulse hard and slightly accelerated. The bladder did not seem to be distended, though he claimed that he had passed no water for about five hours, but persisted in his statement that previously, though the amount at each time was very small, the efforts to urinate were so frequent that the aggregate was about the normal amount. What ailed this man? The intense pain, the abdominal tenderness, and, above all, the anxious facies, indicated peritonitis, and so I diagnosed the case. That it complicated inflammation of the bladder I also thought. I was in considerable doubt about the correctness of my diagnosis. The general aspect of the case, however, called to my mind the language of the Ohio M. D., who, when pressed for the foundation upon which he based an unfavorable prognosis, replied, "I feel it in my bones that that man is going to die." I saw my patient about an

hour later. He was much relieved of the pain, but the anxious facial expression was still there. I again carefully examined the abdomen for evidence of a distended bladder. I made a careful effort to pass the catheter, but, meeting an obstruction near the prostate, I concluded to defer the operation until morning, inasmuch as I could not satisfy myself that the bladder was at all distended.

A poultice was applied to lower part of abdomen, and I ordered pareira brava and morphia sufficient to control intense pain. I need not detail the medicinal treatment, but simply say that throughout reliance was placed upon the opiate treatment for peritonitis. The following morning I found no urine had been passed yet, and he said he had no inclination in that direction, though the lower part of the abdomen was greatly distended now. With finger in rectum, I succeeded in introducing the catheter, but, to my surprise, I could only draw off a couple of ounces of urine.

In the afternoon, Dr. Harshberger saw case with me. After many efforts, we failed entirely to re-introduce the catheter. The swollen condition of the abdomen above the pubes, and the intense pain and tenderness, and last but not least the fact that no significant amount of urine had been passed for about thirty hours, argued in favor of puncture of the bladder. With a curved trocar I performed the operation per rectum, but was again surprised at the small amount of urine we got. Further efforts to introduce the catheter were unsuccessful, a few drops of urine coming away, and the instrument was left in place. There was some dribbling through the catheter during the night. The following morning the patient was found to be making rapid strides toward another and we hoped better world. Now, for the first time, we learned from outsiders a story which, for nastiness of details, has scarcely a parallel in a civilized community. Here it is in brief:

Christmas day he came to Lewistown and procured a horse and sleigh, and loaded into it three girls of easy virtue and a twenty-five pound turkey. This crowd, all drunk but the turkey, rode a number of miles through a thickly-settled portion of the country, engaged in obscene performances. It is claimed by some that the girls lifted the man out by the penis and tramped upon his abdomen. The sensational newspapers have eagerly seized upon this matter, and some of the reading public think they are rolling upon their tongues some of the sweetest morsels

they have tasted since the Beecher scandal. The story has lost nothing by frequent repetition. Our patient's mind was becoming clouded, so we asked him no questions about his Christmas escapade. The following day he died. The girls had previously been arrested and lodged in jail.

The coroner ordered an autopsy, which was made by Drs. Harshberger, McKim, and myself, in the presence of the coroner's jury. The tissues beneath the skin showed strong evidence of external violence. On opening the peritoneal cavity it was found filled with urine. The bladder was empty, and in its upper portion, on the left side, was a rent through which I could readily introduce my finger. There was of course extensive peritonitis, which was the immediate cause of death.

There is abundant evidence that the girls threw him out of the sleigh, and that he attempted to get in again, and hung to the sleigh while they drove on. In this way he was dragged along upon his face (which also showed marks of violence), and his bladder being full was probably ruptured at that time. The grand jury found a true bill against the girls, and they will be tried for "murder" at the April term of court.

Had we known that the bladder was ruptured, could we have done more than we did? I say, yes; we could have performed abdominal section, which I think is the surgeon's duty in such a case after he has made a positive diagnosis.

OBSTETRICS IN THE COUNTRY.

BY A. D. BUNDY, M. D.,

Of St. Ansgar, Iowa.

Two very interesting letters in the *REPORTER* of late date on the above subject, induce me to say a few words on the subject. My experience extends over a period of perhaps twenty years, and includes about five hundred cases at term. Practicing in a community largely of foreign extraction accounts for the rather small number of cases, as the majority of them employed midwives, they only calling a physician when nature failed. In about four per cent. of those cases forceps were used. In two cases only, that I positively know of, was the perineum ruptured to the sphincter ani; nor am I aware of any lacerations of the cervix uteri, though I presume there were; nor am I aware that the mother was injured in any other way. I met shoulder and arm presentations four times; of breech cases there were six; of

placenta prævia five cases. I have only to record the death of one woman—that was an arm presentation, and the patient was moribund when I arrived; the child was delivered dead. In one case of breech presentation, in a contracted pelvis, the femur of the child was broken while bringing down a foot.

I use the forceps only when the os is dilated, and when the head ceases to advance. I always take them with me—*i. e.*, the forceps. My craniotomy instruments I leave at home, never having as yet a case for them. I do not use an anæsthetic of any kind, especially in forceps cases. I want the patient to know what is going on. One case of puerperal eclampsia in the eighth month; two cases after labor, all recovering. I carry a cake of Stifel's $\frac{1}{2}$ per cent. sublimate soap and finger brush, and use them thoroughly on my hands before examinations, using the soap to lubricate the fingers or hand. I aim to be surgically and ethically clean.

I have to record only one severe case of septic peritonitis, and a few mild ones; all recovered. I deliver placenta by Credé's method, sometimes aided by extraction. I do not use a binder, but, as recommended by Lusk, use a small bag of salt to lay on abdomen, while patient is in bed; binder to be adjusted when patient gets up, if she desires it. Ergot I give after secundines have passed. Very rarely do my patients suffer from after pain. The cord is stripped and tied, then wrapped in borated cotton.

Such, in brief, is the way I do it. The results seem to be good, and patrons well satisfied, unless it is when the bill is presented—for I charge full prices.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, January 6, 1887. B. F. Baer, M. D., President, in the chair.

The Secretary read

A Report of 616 Cases of Labor in Private Practice,

by Dr. H. H. Whitcomb, of Norristown.

Up to March 31, 1886, I had attended 616 cases of obstetrics. I have had no death of a mother, and only two still-born children; one of these was destroyed by craniotomy. The forceps have been used in two cases only. I have had no case of twins. I have had one case of elbow presentation, one shoulder, one a hand and face, and three

breech presentations; all the others were by the vertex. Placenta prævia was present in two cases at full term and in two miscarriages—one at seven and one at five months. Puerperal convulsions occurred in two patients. A series of thirty-two cases of puerperal fever, but fortunately without a single death, followed me in the winter and spring of 1882. The first case occurred after I was in attendance on a case of scarlet fever, and was followed by three other cases; the next two or three obstetric patients escaped, when I was called to attend a woman who was confined while convalescent from erysipelas. The fever developed in her, and then every case I attended that winter and spring suffered from it. Consultation confirmed the diagnosis in all the cases. One instance was after a miscarriage at seven months following pneumonia. The patient had a tedious convalescence, but has since had a child weighing 13½ pounds. I tried to stop attendance on this class of patients, but could not get rid of them. The epidemic ceased as suddenly as it commenced, and I have not had a case since. The smallest child delivered at full term weighed three pounds and lived only three days. Three deaths of infants have occurred from trismus, and four deaths, in children a few days old, for which I was unable to assign a cause. They simply moaned until they died, while they appeared to be in good condition. I had one case of hour-glass contraction and four of severe post-partum hemorrhage at term. My success I ascribe to patient waiting and conservatism. I do as little meddling as possible, and do not use antiseptic injections. The credit is partly due to my old teacher, Prof. Penrose, who is a safe guide to follow. I owe much to his careful instruction. I see so many doctors, who, in almost every case of obstetrics they get, if they arrive before the child is born, put on the forceps to "hasten delivery and shorten the woman's suffering." I am very positive that this frequent use of the forceps is abuse. I have had a number—possibly twelve—of ruptured perineums; they were immediately stitched, with a perfect result in all cases. I have never had a yesico-vaginal, although one of our teachers would impress his classes with the idea that these cases occur in the hands of the country practitioner. I might say the only cases I have ever seen were those in the care of the city doctors.

Dr. H. A. Kelly remarked that Dr. Whitcomb's report was full of interest, and in criticising the observer must be careful not to impose the rules and statistics of an

average Philadelphia practice upon the Norristown people. While it is true that ailing, delicate women live and require obstetrical services in Norristown as elsewhere, yet it is a fact that in Philadelphia the up-town mill population, from all over the civilized world, and the down-town population of pampered society women and alley off-scourings, present very different problems to the accoucheur.

With notable exceptions, labor in the country is easier. Differences of the same kind in greater degree exist between our native and the foreign population. I was much struck with this fact this summer when I went to the Anatomical Institute in Leipsic, to Herr Dornfelder, to buy a normal female pelvis. I was going to Berlin to return in a month, and instructed him to find a pelvis as near a normal specimen in the museum as he could in the large amount of material passing weekly through the institute. On my return he gave me a specimen I now have in my office, which was the nearest to the normal he was able to find; and he assured me that a normal pelvis was rare. This dried pelvis with artificial ligaments measures: Sp. I., 25½ cm.; Cr. I., 29½ cm.; Cr., 9 cm.; Dr., 13 cm. The argument as to different necessities in different localities holds with regard to the use of antiseptics.

Dr. Wm. Goodell read a paper entitled

A Year's Work in Ovariectomy.

In it he stated that he had had during the past year fifty-nine laparotomies, but that lest his paper should be too long, he should limit himself to the consideration of his ovariectomy cases. Of these he had had thirty-nine cases, with three deaths.

Of these deaths, one occurred on the table, from the difficulties of the operation. It was a dreadful case of intra-ligamentous cyst with universal adhesions, from which it was shelled out without a pedicle. The ureter had to be dissected out for twelve inches, and the entire colon, womb, bladder, and small intestines, were attached to the cyst. It was a very forlorn case from the start, and he operated merely from a sense of duty. He stated that in the removal of intra-ligamentous cysts the ureter is in great danger, and he believed that it had been repeatedly torn across without the knowledge of the surgeon. Dr. Goodell stated that before the death of this case he had had in succession twenty-two successful cases, and afterwards a series of eight cases before another death took place, viz., thirty-one cases with one

death. The second death was due to obstruction of the bowels in a case of large fibroid of the womb and ovarian cyst weighing sixteen pounds. On account of the fibroid, both ovaries were removed. He had had his share of cases of obstruction, but this was the first fatal one in his recollection. The remedies that he used were calomel and belladonna by the mouth, and turpentine by the rectum. The obstruction is due to the adhesion of a knuckle of the intestine either to the stump of the pedicle or to the abdominal wound or to some denuded surface. As soon as symptoms of obstruction presented themselves, he always aimed at once to open the bowels.

The third death occurred in a case of malignant cystic disease of both ovaries in which the operation was incomplete. Malignancy had been suspected, but the operation was forced on him on account of the excessive pain from which the woman suffered. Yet he argued from his own experience and from that of Schroeder and Martin, that, other things being equal, it was always wise to remove ovarian cysts, even when malignant, for patients' lives would be greatly prolonged by the operation.

The right ovarian cyst had no pedicle, but ended in a brittle cancerous mass as large as his fist. This, with very great difficulty, was ligated *en masse*, and then bleeding vessels were secured separately. The left ovarian cyst was so fastened to the womb, pelvis, and broad ligament by masses of cancerous excrescences, that he did not attempt to remove it. He would have abandoned the case after he had discovered the nature of the complications, but he had gone too far to recede, for his hand had been inside of the right cyst to break up its septa, and blood was flowing profusely from it. The lady died twenty-six hours later from shock and hemorrhage.

He stated that some ovariectomists do not report their incomplete operations or their exploratory incisions, but that he thought it fairer to do so. If his memory served him no trick, this was the only incomplete operation for ovarian cyst that he had ever had. None of his cases had been selected, and he had refused to operate in one case only, and that one on account of epithelial cancer of the cervix; so that he did not have any exploratory incisions to report. He had twenty-one cases with adhesions; a very large proportion, which he attributed to the tendency women in this country have of postponing the day of operation. He also had had twenty cases of double ovariectomy; but

this large number was due to his rule of removing the second ovary in all malignant or suspicious cases, in all cases which have passed the climacteric, in all cases of incipient disease, and always when asked by the patient to do so. He further stated that he still adhered to Listerism, and that he used Keith's dressing of one part carbolic acid to seven of glycerine.

Mr. Parish cited a few instances of evil results following abdominal tapping for purposes of diagnosis, or for relief from distention. In his first ovariectomy case, with the view of clinching the diagnosis, he aspirated and withdrew a few drachms of somewhat cloudy ovarian fluid. The patient presented some symptoms which in a few days became grave; pain in the tumor, rigors, rapid and feeble pulse, and high temperature. He operated during the existence of these symptoms and found suppuration of the interior of the cyst, and extensive anterior adhesions—both conditions doubtless dependent upon the aspiration. The patient recovered.

A few years ago a well known medical gentleman of this city aspirated a tumor supposed to be a multilocular ovarian cyst. Though the fluid was stated to verify the diagnosis, the patient miscarried in one or two days of twins at about the fifth month, and the tumor proved to be simply a uterus enlarged by reason of a multiple pregnancy.

I have recently seen in the Philadelphia Hospital a shocking case of labor, in which active labor pains began one week previous to her admission to the hospital. No urine had been voided for several days. Pregnancy was denied by the patient and her friends, and was not recognized by two physicians. The woman was small and deformed, and in the abdomen were two fluctuating tumors, one due to a distended bladder, the other the uterus. Aspiration was resorted to in both tumors, a procedure that was not only unnecessary for diagnostic purposes in this case, but which would probably have been highly detrimental to the patient, had not the neglected and protracted labor already determined a rapidly fatal result. Though tapping for relief, and especially for diagnosis, is less frequently resorted to than was the case a few years ago, yet even now it is too frequently done.

In reference to the development of cancer or sarcoma after the removal of seemingly benign ovarian tumors, I have seen recently an example in a patient operated on by Dr. Hickman and myself. A large cyst of one ovary and a small one of the other, both free

from the appearance of malignancy, were removed, and the patient made a tardy recovery. In about a year sarcomatous growths developed in the neck and axilla, and a large one in the abdominal wall of the left lumbar region. The patient died a few weeks ago, and the autopsy was made by Dr. Morris Longstreth, and though the sarcomas referred to were present, there was not intra-pelvic disease. An interesting feature was the total disappearance of the ligature of iron-dyed silk with which the pedicles and several vessels were secured about eighteen months previously.

Dr. H. A. Kelly stated that while simple tapping often was in no way injurious, it was also often productive of grave injury, and one of his own cases illustrated this point very well. The patient having a cyst weighing 100 pounds was tapped in the left iliac region by a notorious homœopathic surgeon. She had previously suffered from pressure symptoms. From now on she suffered from severe inflammatory pains around the puncture, and at the operation the extensive dense adhesions at this point constituted the chief difficulty. She is now well, more than a year since the operation.

It is a cause for mutual congratulations for American operators that their results are becoming so good. The whole credit of this lies in the thorough use of antiseptic agents and the rendering the field of operation completely *aseptic*.

He believes too that our cases at home are more difficult than those now being operated on abroad. The tumors we operate on are older, and with the increasing age of an ovarian tumor occur many changes detrimental to the patient—depression of vitality from pressure symptoms, diversion of so much albumen from the system at large, surcharge of the emunctories, as well as adhesions and unfavorable changes within the tumor itself.

Keith's dressing of a strong carbolized glycerine has rendered excellent results in my hands in at least twenty cases.

Dr. Goodell, in answer to a question by Dr. Baer, said he operated during menstruation merely from pressure of time on the part of the patient, and little or no effect was produced on the discharge by the operation.

Dr. Joseph Price, in commenting on some points alluded to in Dr. Goodell's paper, fearing the contaminated atmosphere of a general hospital, cited the statistics of two hospitals: Special Department of Birmingham General Hospital and Birmingham

Hospital for Women, covering a period from January, 1878, to September, 1885 :

Special Department of General Hospital, ovariectomy 35 cases, 11 deaths—31.4 per cent.

Birmingham Hospital for Women, ovariectomy 268 cases, 19 deaths—7.1 per cent.

During the same period the total number of intra-abdominal operations in the Special Department of General Hospital, 85 cases with 21 deaths; mortality 24.7 per cent.

Birmingham Hospital for Women, 632 cases with 49 deaths; mortality 7.7 per cent.

One point as to the value of the spray, quoted from Keith's report of cases treated in the Royal Infirmary, Edinburgh :

CARBOLIC ACID SPRAY CASES.

Ovariectomy, 21 cases; 18 cured, 3 died.

Hysterectomy for fibroid, 2 cases; 2 cured, 0 died.

Batley's operation, 1 case; 0 cured, 1 died.

Twenty-four cases with four deaths—16.66 per cent.

BORO-GLYCERIDE SPRAY CASES.

Double ovariectomy with hysterectomy, 1 case, died.

Hysterectomy for fibroid, one case recovered. Result with boro-glyceride spray; two cases with one death.

NO SPRAY.

Ovariectomy,	47 cases,	46 cured,	1 died.
Hysterectomy for fibroid,	7 "	7 "	0 "
Batley for fibroid,	1 "	1 "	0 "
Interstitial pregnancy,	1 "	1 "	0 "

56 cases, with one death.

Mr. Keith says: "No cases of serous cysts of the broad ligament were operated on. These all were treated by tapping, and none of them have returned." One such case that Dr. Price saw, died a few days later. Of Dr. Keith's cases, one-half had no adhesions.

Dr. Montgomery expressed pleasure at hearing Dr. Goodell's details and success, and considered his success gratifying, especially after tapping. A patient came to him one month after tapping. She had a high pulse, septicæmia, large adhesions to viscera, etc., putrid clots in the tumor, and died on the fifth day with a temperature of 105°. He does not approve of tapping broad ligament cysts. One patient with such a tumor was tapped seven times. He afterwards removed the tumor, and did not have a single vessel to tie. In this case the peritoneum had been pushed up by the tumor, and was not opened until late in the operation.

Dr. Goodell made a few remarks on the subject of statistics. Dr. Keith's have improved not because he has given up the

spray, but because he has grown to his work. Dr. Goodell will give up the spray, because it is an intolerable nuisance. As to the question of malignancy of ovarian tumors, it has been said that "all ovarian tumors are malignant, and should be so treated." This is too sweeping; but the tumors should in all cases be removed as soon as possible, as soon as it is discovered.

Dr. R. P. Harris desired Dr. Parish to report the present condition of the patient from whom he had removed the ovarian tumor exhibited by him before the Society, at its meeting on March 4, 1886, the day after the operation. Dr. Parish requested Dr. Harris, who had seen her much more recently than he had, to report her condition. Dr. Harris stated that notwithstanding the fact that the tumor was largely solid; that it had grown rapidly; that the solid portion had an appearance of malignancy, and that there was a small morbid growth projecting upward from the fundus uteri, the lady was to all appearance a well woman. He saw her on December 26, when she claimed to have perfectly recovered her health and strength, after a very prolonged convalescence. Her appearance and activity certainly indicated that her statement was correct. The uterine nodule must have been a fibroid, as had it been cancerous, it must have materially developed in nine months. The future of this case will be of much interest.

Dr. Chas. Meigs Wilson reported

Three Successful Tait Operations.

These cases are the first of a series performed without the use of carbolic acid solutions for instruments, and without the spray. Hydrant water boiled for six hours was used for the instruments and sponges in the first and second cases, and a solution of mercuric chloride 1 to 8,000 for like purposes in the third. The wounds in all three were dressed after the manner of Keith. The incisions were less than two inches in length. More than three months have elapsed since the operation in each case before it has been reported. It has seemed best to publish the cases in this manner, because the vast majority of all cases recover without accident from the operation, and hence mere statistics of the healing of the wound amount to little but evidence of individual skill. Statistics of the real relief afforded by the operation is what the profession needs in order to give the operation its just place in modern surgical procedures.

Case 1. Myo-fibroma of the Uterus.

This case first came under observation in

July, 1886. She gave her history as follows: Miss McM., æt. 32, nullipara. For the last sixteen months she had a rapidly growing tumor of the abdomen, menses profuse, catamenial intervals ten to fifteen days; for the past four months has been rarely free from bloody vaginal discharge. She was emaciated and anæmic.

She was very nervous and alarmed about the constant bloody discharge. She had reflex pains, but no ovarian tenderness or pain. She was obstinately constipated, owing to the pressure of the tumor upon the rectum. She was found to have a large fibroid tumor of the fundus and anterior wall of the uterus. The enlarged uterus was incarcerated in the cavity of the pelvis, and was very immobile. The sound entered the uterus 7½ inches. Abdominal section was performed September 20, 1886, with assistance of Drs. E. Wilson, C. P. Noble, D. Longaker. The tubes were as thick as the finger, they had thin walls, and were distended with blood. The ovaries were over-size, and the right one was cystic. The ligature slipped from the uterine end of the left tube, and before it could be secured there was free hemorrhage. The operation lasted forty minutes. Convalescence was retarded by abscess of one of the suture tracts. The patient made an excellent recovery. Present condition: has lost no blood since the second day after the operation; appetite good, and is able to resume her occupation of seamstress; frequently walks two miles to her work; all pain has disappeared; has gained twenty-two pounds since the operation. December 20, 1886, the sound entered the uterus 3½ inches; the tumor was greatly reduced in size.

Case 2. Hystero-epilepsy.

Mrs. C., æt. 30, primipara. Had always enjoyed good health until after the birth of her child six years ago. She had been delivered with forceps, and the cervix and perineum had been badly torn. She was in bed nine weeks after the confinement. No clear history of her puerperal trouble could be obtained. She has had profuse catamenial discharges since. About six months after the birth of her child she first commenced to have attacks of loss of consciousness, followed by epileptiform seizures at her menstrual periods. These gradually became so violent as to place her life in seeming jeopardy during their occurrence, and left her utterly prostrated. She had been in bed about twenty days out of every month for four years. Her epileptic seizures occurred

only at her monthly periods. Everything that her medical attendant could think of had been done for her, and her family were about to place her in an insane asylum. The ovaries and tubes were removed October 3, 1886. The operation was an easy and simple one. The patient made a speedy recovery without any untoward symptoms. Present condition: She is now able to earn her living as a yarn-picker, working full time; has had no discharge of blood; little or no pain; and not one seizure since the day of operation.

Case 3. Tubercular Pyo-salpinx.

Miss E. R., æt. 19, nullipara. This patient was also operated upon on October 3, 1886. Since menstruation began, at fifteen years of age, she has had constant dull, aching pain, deep-seated in the pelvis. At her menstrual epochs "her agony has been unbearable." Menses have always been slight in quantity and regular as to time. She presented a badly-nourished appearance. Physical examination showed marked evidence of general tuberculosis. In spite of this fact, and in view of her intense menstrual pain, oöphorectomy was deemed justifiable, and was accordingly done. Both tubes were as large as large bologna sausages, and both ovaries were cystic. Tubes and ovaries were matted in a mass of adhesions which rendered the operation very tedious, it lasting one hour and ten minutes. Microscopic examination of sections of the tubes showed colonies of the bacillus tuberculosis. Both tubes were filled with a greenish pus, which was very offensive. The recovery was complicated by an arthritis, the symptoms of which were so obscure as to render it difficult to say whether it was septic, rheumatoid, or hysterical. She eventually made a good recovery. Present condition: Her physician, Dr. Walter E. Bibby, of Kensington, Philadelphia, reports: "She is entirely free from pain, able to walk about, and to attend to light household duties. Under the use of cod-liver oil and malt and alcohol, her tubercular trouble seems to be making little or no progress." As her peritoneum showed evidence of tuberculosis, as an experiment, bichloride solution (1 to 8,000) was used to wash out the abdominal cavity. Cases 2 and 3 were operated upon before Drs. A. W. Biddle, W. E. Bibby, W. C. Goodell, E. Wilson, Longaker, and C. P. Noble. All were done at the Philadelphia Lying-in Hospital. In each case the abdominal cavity was thoroughly flooded with boiled water before it was closed. The drain-

age-tube was not used. Uncarbolized Chinese silk ligatures and silkworm-gut sutures were used. No anodyne was given after the operation, and no food was given for thirty-six hours after operation.

Dr. H. A. Kelly was particularly interested in the tuberculous tubes, and regretted that an examination of the uterine discharges had not been made, as it would almost certainly have established the diagnosis. As to the right to operate upon a patient having a cavity in the lung, no general rule can be laid down; every such case stands by itself, and much must be left to the judgment of the operator.

Dr. Baer would hesitate for some time before operating in a case of general tuberculosis with a pulmonary cavity. He did not think tuberculosis could cause pyo-salpingitis.

Dr. Kelly remarked that at least two cases have been observed here, and many more abroad, and it has been recently formulated by Prof. Hegar among the tubal diseases which may require operation.

Dr. Parish thinks the general condition of the patient, outside of the pulmonary disease, would decide the question. Severe pain should be relieved, unless the patient had a very short time to live.

Hydrosalpinx.

Dr. H. A. Kelly exhibited the tubes of a patient who had suffered from metrorrhagia over thirteen years. She had been in five large hospitals in Philadelphia, without relief, and had faithfully tried every plan of treatment, systemic and per regimen. The diagnosis of enlarged tubes was made before operation, and on removal, with their respective ovaries, the tubes were found, one as large as a bologna sausage, and the other a small sausage, with a limpid fluid. She has lost no blood since the metrostaxis following the operation about six weeks ago.

Dr. Kelley also exhibited fresh large cystic ovaries and tubes of a large fibro-cystic tumor, upon which he had operated in the morning. The ovaries were sessile, surrounded by congeries of great dilated vessels. The operation was one of extreme difficulty. (*Note five days after operation:* "The patient's condition is perfect.")

The patient whose history was read at the preceding meeting, who had ovaries and tubes removed for chronic subinvolution and endometritis, was presented to the meeting. She has lost all pain, and feels perfectly well for the first time in years. The uterus is normal.

Dr. Parish reported a Porro-Müller operation. W. H. H. GITHENS, Secretary.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated meeting, January 12, 1887.

The President, J. Solis-Cohen, M. D., in the chair.

Discussion on Urethral Strictures. (*See page 197.*)

Dr. S. W. Gross said: "I take it that Dr. Brinton has confined his remarks to the treatment of very tight strictures, I think that the younger members of the profession, who are not much accustomed to the use of filiform bougies, ought to be told not to put too much confidence in them. The filiform bougie does not pass with a great degree of readiness through a small stricture, or even through a large one in all cases. I differ from the speaker in regard to the usefulness of the twisted bougies. In the great majority of strictures the orifice is eccentric. A twisted bougie will often pass after we have failed to pass a straight bougie, although the urethra has been packed with them."

"We know that in cases of stricture not the result of traumatism, the obstruction does not arise from the organic stricture itself. A man may have been suffering with stricture for some time, and the calibre of the urethra have been gradually narrowing until the stream of urine becomes very small. In this condition he exposes himself to cold and wet, and in the course of a few hours is unable to pass urine. In such a case the obstruction is not due directly to the organic stricture, but there is super-added spasm of the muscles of the urethra, and it is spasm which we have to overcome rather than the coarctation itself. In such a case, the patient being under the influence of an anæsthetic, I carry a medium-sized instrument, say one whose shaft measures No. 16 and whose point is No. 13 of the French scale, down to the stricture, supporting, if necessary, the curve of the instrument with the finger on the perineum or in the rectum. In the majority of cases gentle pressure for a few minutes will enable the instrument to pass into the bladder. I have succeeded in this way in cases where I have failed to introduce a filiform bougie. A convenient way of passing the filiform bougies is first to pass into the urethra to the seat of stricture a short metallic tube, and then carry the whalebone bougies through this tube."

"I have met with the difficulties referred to in the manufacture of the whalebone bougie. The cutting of the bougie is often

due to the instrument which passes over it. The eye is at times so sharp that it strips up the whalebone. Care should be taken to see that the opening is well rounded.

"In the operation described by Dr. Brinton, which is the one to be used if it is so desired in these cases, it is always well after passing the coarctation and relieving the retention, to bring the urethra up to a certain calibre, and that is another point in the treatment of stricture. How shall we know to what extent we shall divulse or incise a stricture? The operation described to-night is really that of divulsion. I had to-day at my clinic a case in point. It was that of a young man from a distance. He was etherized, and in order to determine to what extent the stricture should be cut or dilated, I introduced into the urethra the urethrometer, with which we can measure the capacity of the urethra. In this case there were two strictures. Immediately in front of the first, which was six and one-fourth inches from the meatus, the urethra had a capacity of No. 31. In such a case, as the stricture always shows a tendency to contract, it is well to cut or rupture it to No. 34 or 35, to allow for the subsequent contraction.

"The instrument to which Dr. Brinton has referred, I had made particularly for the purpose for which he has used it. At the time that I invented this instrument, I was a rather firm believer in the treatment of stricture by divulsion. I do not employ this method now, although I would use it in a case of retention of urine. It is no more dangerous than cutting, and cutting is no more dangerous than divulsion. The cutting can be more accurately limited than the divulsion. With the latter method we tear not only the stricture but also the mucous membrane at some distance in front of and behind the stricture. In a specimen in my possession where divulsion was employed, there were no less than nine rents in the mucous membrane; and the rent in the stricture was oblique and had not gone completely through the stricture. This method will do in superficial strictures, but in hard fibrous strictures we have to supplement this operation for urethrotomy. It is for this reason that I have given up divulsion for internal urethrotomy, and I do not resort to this latter operation so frequently as I formerly did. When the patient is within convenient distance, I much prefer in ordinary cases of inflammatory stricture, and in recent cases more particularly, to resort to gradual dilatation. I have reached the firm conviction that the cases in which radical

cure is produced by divulsion, internal incision or external incision, are so rare that it is rarely worth while to resort to these operations."

Dr. Charles B. Nancrede said: "While agreeing with most of what has been advanced by Dr. Brinton, I am rather more in accord with the last speaker. When I intend to do any radical operation I prefer incision, for then I know exactly what I am doing. My experience teaches me that filiform bougies are not always easily passed through a stricture, even when it is of comparatively large size. Where I have failed to pass the filiform bougie, I have frequently succeeded with a metallic instrument of fair size. I have never had to tap a bladder for retention, but have always succeeded, sooner or later, in getting into the bladder with a filiform bougie.

"Although well aware of the eccentric position of the orifice of most strictures, I was particularly struck with the usefulness of recognizing this fact some years ago, in a case of organic stricture in which the urethra had ruptured. Dr. Packard had made several incisions to relieve the infiltration of urine, and when the patient was turned over to me as a hospital case, the larger part of the urine was passed through an opening at one side of the root of the penis. I tried, on a number of occasions, to pass filiform and other bougies, but always failed. I then called a consultation, intending to perform external urethrotomy. Under ether, I again failed to pass my instrument. I asked Dr. Packard to try. Passing the bougie down to the stricture, he carried it transversely to the left, at a right angle to the course of the urethra, passed it in this direction for about half an inch, and then again by a right-angled turn passed the instrument on in the normal direction of the urethra through the stricture, which was not tight. The instrument was tied in, and the patient eventually recovered. In like manner, a twisted filiform bougie may do good service in a tight stricture. I do not think that the filiform instrument is entirely free from danger in the hands of a tyro. There are cases in which the extremity has been caught in a crypt behind the stricture, a false passage made, and this erroneous route has been followed up with other instruments. Whalebone filiform bougies are, however, of the utmost value when skilfully used, and I should feel completely lost without them to fall back upon in a difficult case. Like Dr. Brinton, I have found it necessary to make them myself. I heartily endorse his method

of procedure after the tunnelled catheter or sound has entered the stricture, and have for years resorted to it myself, with invariable success."

Dr. Brinton said: "The remarks which have been made only show that every surgeon operates according to the habit of his own mind and hand. While I do not claim that the method which I have described is

better than that of others, I can only say that it is one which I have followed for many years, which has yielded me great success in the past, and to which I look forward with confidence in the future. I believe, too, that uniform success in this procedure can only be secured by the use of properly constructed filiforms, and by the observance of the cautions to which I have referred."

EDITORIAL DEPARTMENT.

PERISCOPE.

Surgical Mishaps.

Dr. T. Pridgin Teale thus writes in the *Lancet*:

Surgical mishaps are happily not always identical with surgical calamities, as the following three cases, slightly sketched without much detail, will show. The narration may be useful, and may bring comfort to others who meet with similar occurrences.

Case 1. *Disappearance of Tumor after Ineffectual Attempts at Removal.*—I cannot do better than describe this case in the words of a letter which I wrote to Sir James Paget on January 11, 1878: "Mr. H., of H—, consulted me three weeks ago about a tumor behind the angle of the left lower jaw. After existing for several years as a small movable lump, the tumor had within a few weeks begun to grow with an increasing rapidity. It was fairly movable in all directions, and I advised its removal. A fortnight later I went over to H— to remove it, and then found that the tumor had become at least double in size, was very elastic, and more fixed. I cut down upon the tumor, and found that it involved, and seemed to be growing in, the anterior portion of the sterno-mastoid, and that it had no limiting capsule, as I hoped. Having stripped the outer side of the tumor with the finger, separating it from contiguous fibres of the muscle, I followed it deeply until I could almost touch the transverse processes, where it was firmly attached to deep structures in the neighborhood of the large vessels. I therefore thought it more prudent to abandon any further attempts at removal. Having inserted a drainage-tube, I closed the wound, and all healed satisfactorily. Curiously, the rapid growth seems to have been checked, and this makes me regret that I did not strip the opposite side also, with a

view to cutting off supplies." Sir James Paget and Mr. John Wood, who saw the patient, after hearing my description of the operation, agreed that no further surgical interference was advisable, and the former suggested a course of small doses of iodide of potassium, with large doses of liq. potassæ. On April 24, Mr. H. wrote that, apparently under the influence of the medicine, the tumor had decreased so rapidly that ten days previously he had omitted the medicine, and that "it is now scarcely feelable and not perceptible." In December, 1878, he again wrote: "The tumor, or whatever it was, has departed in peace, seemingly never to return." I have heard of him from time to time, but never of any relapse.

December 25, 1886, Mr. H. writes: "The tumor had existed two years before the operation. There is not a trace at present. I took about six bottles of the medicine, and the tumor disappeared in six months."

Case 2. *Chronic Inversion of the Uterus; Attempted Reduction by Taxis; Laceration of Vagina into Douglas's Pouch; Recovery.*—Mrs. J., aged twenty, was sent to me in November, 1884, by Dr. Blair, of Goole, suffering from inversion of the uterus resulting from her second confinement four months before. The labor was prolonged and difficult. She remained in bed for a week after delivery, and on getting up for the first time the womb came down and protruded nearly two inches. The womb was returned, and never prolapsed again, but it was afterwards discovered that she was suffering from inversion of the uterus. The patient was anæmic and frail-looking. In consultation with my colleagues, it was considered that the os and cervix were so much relaxed that I might attempt to reduce the inversion by taxis whilst the patient was under ether. I therefore at once made the attempt, using, as I believed, no immoderate force, and fully realizing the need of caution so as to avoid

the danger of laceration. After careful pressure with the fingers upon the fundus, which in about a quarter of an hour had been reduced to within the level of the os, and just as it seemed that complete reduction was being effected, the whole receded within the peritoneal cavity through a rent in the roof of the vagina posterior to the cervix. I was then face to face with a most difficult problem, and called to my aid Mr. Robson, who was in the Infirmary at the time. After some deliberation, we came to the conclusion that the safest course would be to transfix, tie, and cut off the inverted womb. This having been done, one stitch was inserted into the rent in the vaginal wall as a safeguard against prolapse of the bowels, and a large drainage-tube was inserted within the lips of the wound so as to project for about an inch into the peritoneal cavity, and was fixed by catgut sutures to each side of the ostium vaginæ. The vagina was carefully syringed with weak carbolic acid lotion, and well charged with iodoform. Her further progress was satisfactory. There were never any symptoms of peritonitis. In a few days her temperature rose to about 103°, and then slowly fell, and she returned home within three weeks of the operation. I have since heard that she is in good health, and menstruates regularly.

December 25, 1886, Dr. Blair writes me: "Mrs. G. is quite well, menstruates regularly, and suffers neither pain nor inconvenience."

Case 3. *Wound of Popliteal Artery and Vein during an Operation for Necrosis of the Femur; Recovery without Gangrene.*—A young man, aged about twenty-one, came under my care at the Leeds Infirmary about six years ago, on account of necrosis of the femur. The sinuses led to the back part of the femur, about the bifurcation of the linea aspera. Having enlarged the sinuses, I had considerable difficulty in reaching the denuded bone. In trying to release what seemed to be an indurated edge of the fascia or a ridge of new bone, I passed the knife along this edge, loosening it, as I thought, from its apparent attachment to the bone, when a gush of hemorrhage startled me. To my dismay, the cord proved to be the popliteal vessels coated with a tough, hard case of cicatricial lymph, and both artery and vein were wounded. Having commanded the breach in the vessels by the finger, I sent for my colleague, Dr. Wheelhouse, who fortunately was paying his visit to the wards, and most kindly came to my assistance and gave me timely aid and coun-

sel. Finding it impossible to deal effectively with the wounded vessels through the lateral wounds, I made a vertical incision about four inches long in the middle of the popliteal space, and so exposed the wounded vessels. Having severed the vessels at the seat of injury, I tied both ends of the artery and vein. The whole proceeding was both difficult and tedious. For some days I watched the case with grave anxiety, fearing gangrene and the need of amputation. Fortunately, my fears were disappointed. The foot soon became warm, was never blue, and gave me no cause for anxiety. The wound healed favorably, and the patient recovered the use of the limb. Knowing the frequency with which gangrene results from arrest of circulation through both the main artery and vein of a limb, the impunity which resulted in this case was unexpected, and gave great relief to my mind.

The Physiology of the Harem.

The *Boston Medical and Surgical Journal* says:

Oriental woman has for many generations occupied a position in which the one element of sexuality has absorbed into itself all other qualities and functions of her existence. *Sex et præterea nihil* has represented her value and significance in the national economy, and that not for the primary end of reproduction, but of sensuous gratification. The effects of this condition upon her physical and moral nature have been sufficiently illustrated to the western reader by the concurrent testimony of travellers, and by the coloring imparted to the poems of Moore and Byron. The physiological results of this mode of life have not, however, beyond the general and obvious statement that the women matured very young, been given us in satisfactory detail.

Much has been said of late of the prejudicial effect upon the maternal function produced by extraordinary intellectual activity in women, and it has seemed that the higher education, with late marriages and much study, was not a favorable preparation for fruitful motherhood. But it is not without interest to know that the women of Turkey, educated almost from birth with a sole view to the stimulation of the generative functions, are quite as infertile as the blue-stockings of New England. Dr. Zambaco, of Constantinople, presented a communication to the Gynecological Section of the last International Medical Congress at Copenhagen, on the general subject of the physiology of

oriental women, which has appeared in the report of the Congress and will well repay perusal, not only from its intrinsic interest, but because of the light which it throws on the effects liable to follow sexual precocity in any country.

Circumcision is practiced, according to Dr. Zambaco, almost universally upon Mussulman girls in all classes of society in Egypt and Arabia. In Egypt, the operation is performed at about the age of seven, as with boys. Great ceremonies attend the event. The girls walk in files or ride in carriages to the scene of the operation, decked in all the finery their parents can give or borrow. The operation is performed by a woman, who makes it her trade. It consists in cutting off the clitoris with scissors, and dressing the wound with hæmstatic powders. The children are taught to look forward to the operation with anticipation, and with their precocious little minds clamor for it as the necessary condition antecedent to their marriage. It is, in fact, indispensable for marriages in these countries, as no man of the lower classes will consent to marry a girl who has not been circumcised. In Constantinople, under the influence of European ideas, it has been largely done away with, at least as a preliminary to marriage, in the families of the government officials and others, though it is said to be common for the husband to instruct the midwife to perform the operation immediately after the birth of the first child.

The Ottoman Empire includes a wide range of nationalities with different habits and religions and climates, the temperature varying from 46° C. to -30°. Yet the differences in the physiological condition of the women seem not to be racial, or even climatic, so much as the product of social habits affecting the precocity of sexual development. Among the Mussulmans these influences are at a maximum. From earliest childhood the conversation to which girls listen, the whole atmosphere in which they live, is permeated with the one thought of sexuality. Hence menstruation begins at nine or ten years in Egypt, Bagdad, and Arabia. In the Soudan it is even earlier. In Constantinople and its environs, the function is established among the Turkish girls at from ten and a half to twelve years, while in villages a little more remote, where the customs are more rigid, and also among Christians, Armenians, and Greeks, the average date is two or three years later. Circassian slaves who remain in their native land till they are grown up, menstruate at fifteen

to seventeen, while if brought when young to Constantinople and exposed to the life of the harem, they menstruate at twelve or thirteen.

In Albania, a mountainous country, where female virtue is well preserved, maturity comes late, at seventeen years. This is the case both with Christians and Mussulmans. The latter are not veiled or sequestered like other Mahometans, and their intercourse with men is on much the same terms as in our own country. The menopause comes late, and they often bear children at forty-eight or forty-nine years of age.

Of course it may be true that the climatic conditions are the primary cause of the tardiness of the menstrual function, but, if so, they act through the medium of quiescent sexual emotions, and the inference from Dr. Zambaco's paper is that such a mental state is not merely the product of a low temperature, but may also result from an unstimulating character of the social atmosphere.

Mussulman women have such a horror of pregnancy as being likely to destroy their shape and beauty, as well as to cause alienation of their husbands in favor of a non-pregnant rival, that abortions are universal. They are spoken of freely in the social and domestic circle, and performed openly and as a matter of course. For these reasons, as well as on account of the incapacity for conception of these overstimulated sexual organs, despite the opportunities afforded by polygamy, the population fails to increase to any extent. It is true that one pasha had eighty-five children by forty-four women, but with increasing poverty of the people, fewer men can afford multiple marriages, and so the births among the Mussulmans are, on the whole, diminishing. Armenians and Greeks, on the other hand, rarely perform abortions, and Jews never.

Marriage among the Mussulman girls takes place usually before menstruation is established, namely, at nine to ten years, and sexual relations are at once established. The result is various local derangements, and *very small fecundity*. One, or at most, two children represents the average productiveness of Mussulman women. The effect of this overstimulation of the generative function is further seen in a premature menopause and early fading. The few women who marry late are also likely to complete their sexual existence early. In the one class of cases the sexual career is shortened through exhaustion; in the other, through lack of function.

The atrophy of the sexual sense is rare

enough in Turkey; we occasionally see it in one of the extremes of our own civilization, where muliebrity has perished from inanition. The Harem and the "Higher Education" may lead, by widely divergent paths, to a common goal, sterility.

Stricture of the Œsophagus.

Dr. Walker Schell thus writes in the *Indiana Medical Journal*:

On the 28th day of September, 1886, I was called to see A, aged two years. The child was very small and badly nourished. She was in great distress, calling for water and milk almost constantly. Whatever was given her was promptly ejected. She was utterly unable to swallow a drop of fluid or food of any kind, and such had been her condition for four days, as I learned from the parents and the physician in attendance. Unless relieved, she would soon perish of hunger and thirst.

The history of the case was such as to make the diagnosis easy. Some months before, the child had accidentally swallowed some concentrated lye. We then had to do with an organic stricture of the œsophagus, the result of a cicatrix. The cicatrix had gradually narrowed the calibre of the œsophagus till, in consequence of some source of irritation of the stricture, deglutition became impossible.

By gradual dilatation I succeeded in passing a catheter equal in size to a number 4 on the English scale. She was then fed an abundant quantity of milk. In five sittings I succeeded in dilating the stricture, which was some three inches in extent, commencing at the junction of the pharynx and œsophagus and extending downward, till I could pass a number 14 olive bougie of the English scale.

English bougies with the olive point, such as are commonly used in stricture of the urethra, are in my opinion the best instruments to use for a similar purpose for stricture of the œsophagus, especially in children. They are more easily handled than the œsophageal bougie, and are cheaper. They are sufficiently long for every use which we may have for them in children, and can easily be introduced into the stomach. It is important to feed these cases immediately at the close of our sittings, and for that purpose an English œsophageal tube must be passed into the stomach. Milk and soups are the only food suited to these cases.

The little child whose case I have reported, gained rapidly in flesh, under treatment.

Since the finger must be introduced far into the mouth, it must be well wrapped, otherwise the child will constitute itself into an instrument of torture. This advice is also good in the introduction of the stomach tube in morphia-poisoning, as I have recently had occasion to learn, even where a good mouth speculum was used. The result in these cases is usually in the end unfortunate; still, with proper treatment, life can usually be prolonged, often many years. In most cases, with whose history I am familiar, the parents were negligent, and the child would only be brought for treatment while the symptoms were urgent. The death then usually resulted from some disorder of nutrition.

In cases of malignant disease of the œsophagus, I think, as a rule, gastrotomy ought to be performed, unless the diagnosis is made very late. Of course, the end is the same, but I think life would be prolonged, and many of the most distressing symptoms would be avoided. This I say with the vivid memory of the suffering of one of my first cases in practice before me. It ought not, I think, to be done for organic stricture; at least, not when any instrument can be passed.

Morphia in Diabetes.

Dr. J. M. Bruce thus concludes the report of a case in the *Practitioner*:

When I come to the *conclusions* which may be drawn from these observations, it will be well to arrange them under two heads:

I. *Therapeutical*.—There can be no question that in this case morphine was of value in the treatment of diabetes. Not only did the sugar disappear entirely under the use of the drug, but the patient's weight increased four and a half pounds during the first course of morphine by the mouth, and his personal condition, subjectively and objectively, was greatly improved. It is true, the improvement was but temporary; but it would be equally correct to say that the benefit continued as long as the treatment was maintained. Upon the general subject of the treatment of diabetes by morphine I do not intend to enter. I only wish to recall the attention of the profession to the value in diabetes of a drug which appears lately to have suffered somewhat unfairly in reputation by comparison with codeine.

II. *Physiological and Pathological*.—1. In the case before us the *glycosuria* was proved to be due to an increased income of sugar into the blood; not to diminished destruction of sugar in the system. This conclusion was

established by the fact that whilst the glycosuria was controlled by morphine, the drug had very much less influence on the disorder when it was thrown into the general circulation (where destruction of sugar is accomplished) than when it was introduced into the portal circulation.

2. In the present case the increased income of sugar was proved not to originate in simple transportation of sugar from the intestine or portal vein to the general circulation. When all saccharine and amylaceous materials had been removed from the diet, the patient continued to excrete as much as 1,360 (later on, even 4,000) grains of sugar per diem. It was clear, therefore, that glycogenesis was still active, and that the sugar was derived from the nitrogenous constituents of the food by some organ—whether the liver, situated on the portal circulation, or the muscles and other viscera, situated on the general circulation.

3. The excessive glycogenesis that was going on in this case was proved to be effected mainly or entirely in the liver, not in the muscles or any of the other viscera. This conclusion followed from two facts: (i) That when the morphine was introduced into the liver by the portal vein, it reduced the sugar to *nil*, whilst it did not materially affect the other viscera, such as the central nervous system; and (ii) that when it was introduced into the general circulation it diminished the amount of sugar excreted only to the degree that might have been anticipated from the portion that would reach the liver through the hepatic artery, whilst it markedly affected the other viscera, such as the central nervous system.

4th and lastly, these results appear to prove that in this instance, if the diabetes was of nervous origin (as it is believed to be in some cases), the seat of the disordered process—I do not say the seat of the nervous derangement originating it—was in the liver, not in the central nervous system or nerve-trunks. This conclusion again follows from the effect of morphine by the mouth as compared with its effect *sub cute*; for the subcutaneous method distinctly proved that whilst the central nervous system was profoundly depressed by morphine, there was but little effect on the glycosuria—through this channel, probably none.

A Case of Femoral Aneurism Cured after Eleven Hours Intermittent Digital and Instrumental Compression.

Dr. Justin F. Donovan thus writes in the *Lancet*, October 23:

Lorenzo B., a Maltese, aged thirty-eight, a stoker, a well-nourished though anæmic man of abstemious habits, was the subject of syphilis (chancre and non-suppurating bubo) before marriage; secondary eruption was not noticed. On the 10th of June, 1886, whilst coaling ship at Suakim, he experienced a sharp pain in the left groin; this was followed by a swelling, and on presenting himself to the medical officer of his ship, "a pulsating tumor in the left groin was detected, with a distinct bruit." On admission to the Naval Hospital at Malta on the 19th of July, a pulsating tumor, about the size of a small lemon, was seen immediately below Poupart's ligament, and extending half an inch below it (proximal side); no bruit could be detected. The pulsation, which was very strong, could, however, be checked on making forcible compression on the external iliac artery. The patient complained of only slight pain at the seat of the tumor. He was put on low diet, confined to bed, and ordered to take an ounce of iodide of potassium mixture (ten grains to the ounce) three times a day. Pulse 72, temperature 98°; urine free from albumen. On the 26th the diet was reduced to one pint of chicken broth, one pint of milk, four ounces of bread, and ice to suck when thirsty. Iodide of potassium (fifteen grains to the ounce) to be taken as before. Digital pressure on the external iliac artery for an hour and a half was carried out and was borne very well, the part compressed having been previously shaven and dusted over with oxide of zinc powder. On the 27th there appeared to be a slight diminution of the impulse. Pressure (digital, and a pad with a seven-pound conical-shaped weight suspended from a cross-bar and resting on the pad) was kept up for two hours and a quarter, at the end of which time the patient became restless, and appeared to suffer a little from the pressure. Pulse 80; temperature normal. Iodide of potassium (one scruple to the ounce) to be continued. On the 28th, the pulsation in the tumor was markedly diminished. Temperature normal; pulse 84. A hypodermic injection of one-third of a grain of morphia having been administered, digital pressure (assisted by the weight) was applied for seven hours and a quarter unremittingly, and at the expiration of that time no pulsation could be detected in the tumor. In the evening the patient felt very weak; pulse 90, feeble; the extremities were decidedly cold, especially the left foot and leg, although they were enveloped in cotton-wool and a flannel roller; no

numbness or discomfort of any kind was complained of, though there was lividity of the toe-nails and diminution of the temperature of the limb for a few days. Pulsation in the left posterior tibial artery was not detected until August 4 (seven days after the consolidation of the aneurism). Up to the present (twenty-three days after consolidation of the sac) there has been no return of pulsation in the tumor, and the patient is now walking about, and complains only of very slight comparative weakness in the affected limb.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The late Dr. Albert H. Smith occupied a position of deserved distinction among the physicians of Philadelphia. A discriminating and sympathetic description of his life and labors is given by Dr. Harrison Allen, reprinted from the proceedings of the American Philosophical Society.

—"Pneumato-Therapy" is the word applied to the treatment of diseases by the use of compressed and rarefied air. A brief and well-prepared review of its methods and their value is given in a reprint before us, by Dr. Solomon Solis-Cohen, of Philadelphia.

—The therapeutic uses of the new salts obtained from the Karlsbad waters is explained in a large pamphlet lately sent us from Vienna. It is an interesting addition to the balneological literature of the season.

—In a reprint by Dr. H. Hathaway, of Toledo, on the Temperature of the Body in Health and Disease, the author illustrates the thesis that heat is dispersed in tissue-building.

BOOK NOTICES.

The Principles and Practice of Operative Surgery. By Stephen Smith, A. M., M. D., etc. New and revised edition, with 1,005 illustrations. Pp. 877. Lea Brothers & Co., Philadelphia, 1887.

In his preface to this edition the author justly observes that the science of surgery has undergone such extensive changes, even within the few years since 1879, that its aspects are altogether different from what it then was. Operations which at that time

were usually fatal, can now be carried out with every prospect of success.

This is chiefly owing to improved methods of antiseptics and to certain advances in strictly operative procedures. Of these improvements, the present edition gives a full account, the author having added largely, to and in fact practically rewritten his original treatise. As it is now presented, it may fairly be said to be as complete an exposition of the science of surgery as is to be found in the limits assigned by it.

The earlier chapters, which are devoted to surgical treatment, especially to anæsthetics and the antiseptic measures now most approved, are especially interesting. The pages throughout are abundantly illustrated, and the extensive reading and clinical experience of the author are evident in every chapter.

Clinical Manual for the Study of Medical Cases. Edited by James Finlayson, M. D., etc. 8vo.; pp. 688. Lea Brothers & Co., Philadelphia, 1887.

This work, which appears now in its second edition, is intended as a sort of guide book for the advanced student of medicine. It is not a manual of diagnosis, but a series of directions as to where the attention should be directed in the study of clinical cases.

It treats of such topics as: "The Physiognomy of Disease," "General Signs of Pyrexia," "Examinations of the Organs of Special Sense," "Electrical Instruments in Diagnosis," "Symptoms of Disorder of the Nervous System," "The Signs of Insanity," "Examination of the Urine," "Physical Examination of the Chest," etc. Contributions on these subjects are incorporated from half a dozen different physicians and surgeons, all members of the profession in Scotland. Although this involves a lack of continuity in the plan of the work, it contains a large amount of useful matter which cannot fail to be instructive in the cases for which it is intended.

The Annual Report of the Supervising Surgeon General of the Marine Hospital Service for the year 1886. 8vo., pp. 312. Washington.

Besides the usual merely official matter in this report, there are the details of the autopsies of a number of fatal cases, and clinical descriptions of various instances of rare diseases which had occurred during the year. At the close of the report there is given the translation of the conclusions adopted and propositions rejected by the technical commission of the International Sanitary Conference at Rome, in 1885.

THE Medical and Surgical Reporter.

A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year, \$5.00
Quarterly Compendium of Med. Science, - 2.50
Reporter and Compendium, - - - 6.00
Physician's Daily Pocket Record, - - 1.50
Reporter and Pocket Record, - - - 6.25
Reporter, Compendium and Pocket Record, 7.00

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M. D.,
115 South Seventh Street, Philadelphia, Pa

THE QUARTERLY COMPENDIUM OF MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the **QUARTERLY COMPENDIUM**, which we publish.

It is, in fact, a supplement to the **REPORTER**, being made up of articles which have not appeared in the weekly, but yet are of value and interest to the physician.

It contains about 150 pages of reading matter in each number, and the whole four numbers, embracing 600 pages of choice material, will be sent to paid-up subscribers to the **REPORTER** for the very moderate price of

ONE DOLLAR.

in advance, for the year.

Address DR. D. G. BRINTON,
115 South Seventh Street Philadelphia.

SIMPLE METHOD FOR REVIVING PERSONS APPARENTLY DEAD.

Various forms and kinds of apparent death have been described, but these distinctions refer mainly to the initial stages of such conditions, while the morbid state known as "apparent death," (Scheintodt) when completely developed, is always the same, being characterized by a weakness and paresis of the heart and by a stagnation of the circulation due to the latter. All methods, therefore, intended to resurrect such individuals, must be directed against the debility of the heart and against the impeded circulation; but thus far our aim in these cases has been mainly the maintainance of respiration, though the latter has probably to ascribe its effect only to its power of stimulating the heart to renewed activity.

At a meeting of the last congress of German scientists this subject was discussed, and Dr. H. Frank mentioned that there are but two ways to stimulate the heart: electricity, and mechanical concussion of the heart. The first is considered dangerous by him, as it may easily destroy the last power of contraction remaining in the organ; but what is termed "pectoral concussion," is decidedly preferable. F.'s method is as follows: He flexes the hands in the wrists to an obtuse angle, places them both near each other in the ileo-caecal region, and makes vigorous strokes in the direction of the heart and of the diaphragm. These strokes are repeated from 15 to 20 times, and are succeeded by a pause, during which he strikes the chest over the heart repeatedly with the palm of his hand. In favorable cases this method is early successful, and sometimes a twitching of the lids or of the angles of the mouth appears with surprising rapidity as the first sign of returning life. As soon as these symptoms are noted, the simple manipulations above described must be earnestly continued, and persevered in for from a half to one hour, for with their cessation the phenomena indicating beginning return of life also cease. Generally the face soon assumes a slight reddish tint, and at the same time a faint pulsation may be felt in the carotids. By this method F. has seen life return in fourteen cases, amongst whom were such as had hung themselves, drowned, and asphyxiated by carbonic oxide, and in one case by croup. In three cases of asphyxia by coal gas, and in one case of apparent death by chloroform, the method described alone succeeded. F. advises, therefore, the practicing physician not to lose time with other procedures, but at once to employ a method which,

in his hands, has proved so universally successful.

In confirmation of the views expressed the following case may be quoted, which was reported by Dr. v. Bash. Electricity was applied to revive a drowned woman, apparently asphyxiated, but in whom various symptoms had proved life still to be there. Suddenly the patient became deadly pale, completely lost consciousness, white froth appeared at the mouth, and respiration and the pulse at the wrist ceased. By kneading energetically the abdominal walls, life was brought back. B. had been induced to practice this procedure by the results he obtained from experiments on animals. He had noticed that the passage of the blood into the intestines and other abdominal organs produces weakness of the heart; to this are probably due the sensation of fainting, so often observed immediately before vomiting in some gastric and intestinal disorders, and also the sensation of nausea, which often is the immediate precursor of a fainting-fit; while pressure on the abdominal walls produces fullness of blood in the heart and a revival of the activity of the latter. Electricity in such cases is very dangerous, as the last portion of life remaining in the main organ of circulation may become totally extinct by stimulating a heart empty of blood, and it is surprising to note that its application in fatal chloroform narcosis is still recommended, though reported as not preventing death in many cases.

THE STUDY OF VETERINARY MEDICINE.

A gratifying proof of the greater intelligence of the community is the higher position which veterinary medicine is gaining in general estimation. Within easy memory, and even yet in some parts of the country, the vocation of "horse-doctor" was looked upon with a certain contempt by the more intelligent of the community.

A change, however, is rapidly taking place. The establishment of first-class instruction, as that furnished at the University of Pennsylvania and at Columbia College, N. Y., will soon show the intelligent minds of our people that to understand the diseases of the lower animals requires just as hard study, just as profound attainments, as to master those belonging to the human species.

Our government has done good service in this respect through its publications on the diseases of domestic animals, and through the aid it has extended toward making thorough researches into the minute path-

ology and the etiology of the more destructive epidemics which have been so injurious to stock raisers.

These publications, and this branch in general, should not be overlooked by physicians, especially by those who practice in country localities. They should procure the principal issues of the Bureau of Agriculture, which they can easily do through the congressman from their district, and with the guidance of one or two text-books of veterinary anatomy and surgery they can readily place themselves in a position to treat with efficacy most of the curable diseases of stock. A potent incentive to this will be that thereby they can add a nea succedaneum to their annual income.

FUMIGATIONS WITH SULPHUR.

Many articles, as clothing, etc., could be disinfected only if it could be done with hot vapor, by gaseous substances, or by fumigation. Hot watery vapor, if of sufficient heat, is probably the best remedy, as the clothing does not lose its color, nor is it ruined otherwise; but the application in this manner of steam can only be employed in institutions where special arrangements have been made for it. What is needed is a method which may be used in any room. Chlorine, which has been strongly recommended, is dangerous to inhale, and besides its bleaching effect is not desirable. Sulphur could be best employed, but of late voices have been raised denying its effect. To determine the question, Dr. S. Schidlovski has made a series of observations (*Wratsch. Russ.*, 26, '87), with the following result:

300 grm. O. are needed to burn the same quantity of sulphur, but practically only one-third of the sulphur used in a well-closed box burns in such a manner as to be effective, a fact of importance in determining the amount of sulphur to be used in a given case. Various materials were infected with microbes of all kinds, and hung up in the nearly hermetically closed room where the sulphur was to be burned. Fumigation in this way, even if twice repeated, was generally without effect, but after the third fumigation the spores were killed. The interesting observation was also made that the articles which were hanging in the upper parts of the room were not so completely disinfected as those in the lower.

From these experiments the reader may himself draw the conclusions how fumigations with sulphur, to be effectual, should be used.

NOTES AND COMMENTS.

Treatment of Diphtheria Before and After the Larynx is Involved.

Within the past two years Dr. John Irving (*Brit. Med. Jour.*) has had a large experience of epidemic as well as endemic diphtheria. Satisfactory recovery in fifty or sixty instances—all the latter cases laryngeally uncomplicated when he was sent for—makes him regard iron and carbolic acid as not only prophylactic, but specific. At first he employed liq. ferri perchlor. with glyc. acid. carbolic, adding a little acid. phosph. dil. for appearance' sake; but now he finds the following mixture to be equally efficacious, readily taken by children, for continuous use much better suited to the stomach, and more attractive to look at. For a child one year old, the prescription is:

R. Liq. ferri dialysati, ʒss.
Glyc. acid. carbolic pur. (P. B.), ʒss.
Glycerini pur., ʒss.
Syrupi simplicis, ʒiss.

Misce bene, adde aquam ad. ʒij.

Sig.—One teaspoonful to be given every two hours; and it is better to continue it eight days at least.

This mixture is useless if the larynx be involved.

A few weeks ago he was summoned to a case of laryngeal diphtheria in a girl aged 3 years. Her parents objected to tracheotomy. Under treatment as above, the breathing became worse, and at the end of twenty-four hours he gave

R. Potassii iodidi, grs. v.
Sol. nitro-glycer. (1 per c.), ℥iv.
Vin. antimonialis, ℥xlvij.
Glycerin. pur., ʒij.
Aq. ad., ʒij.

M. Sig.—One teaspoonful every two hours.

Contrary to his prognosis, and contrary to his previous experience, the child gradually improved; the membrane loosened, and was coughed up in large pieces. She is now well, and recovering her voice by the help of Easton's syrup.

Rash Produced by Antipyrin.

Two cases have lately come under the notice of Dr. E. O. Dally (*Brit. Med. Jour.*), in which a rash closely resembling that seen in measles appeared in patients who were taking antipyrin. The rash observed differed from that of measles in the following points:

1. It did not make its first appearance on the forehead, was most marked on the ex-

tremities, though also present on the trunk, and to a limited extent on the face.

2. It was arranged in crescentic patches, and its color was rose-red.

3. There was an absence of general symptoms, for example, swelling of the face and eyelids, coryza, lachrymation, cough, etc.

4. Its duration was only from twenty-four to thirty hours, quickly subsiding after the drug was left off.

Probably those who use the drug much have noticed a similar eruption. It seems to cause no inconvenience, and would hardly be worth mentioning, were it not that from its resemblance to measles it might be mistaken for that disease, and so occasion the unnecessary isolation of the patient, and the fumigation of his clothes and room.

An Antidote for Arsenic and Aconite.

In a recent number of the *Indian Statesman* there appears a communication from Syed Walayet Ali Khan, of Patna, Bengal, on a specific antidote for poisoning by arsenic and aconite. It is described as being the bark of the common goolar tree, generally known to Europeans as the Indian fig. It is administered in doses of from ten to twelve drachms, ground fine, and mixed with water. In severe cases it may be necessary to repeat it at short intervals three or four times, but it is said never to fail. It has been found successful, according to the author of this statement, in every case in which it has been tried. We have consulted Dymock's "Vegetable Materia Medica of Western India," Waring's "Bibliotheca Therapeutica," and other works, but can find no reference to its use for this purpose. It seems strange that it should be an antidote both for arsenic and aconite, as these drugs do not produce the same symptoms, and are not allied physiologically. The matter requires further investigation, and we must admit that we are at present skeptical as to its value.

Myoetonine.

The *Journal de Médecine de Paris* publishes the following note on myoetonine: Myoetonine is one of the two substances extracted from aconitum lycoctonum by MM. Dragendorff and Spohn. It is a yellow, bitter, amorphous body, having for its formula $C_{27}H_{30}N_2O_8$, and fusible at a temperature of from 143.5° to 144° C. It is not very soluble in water, but much more so in acidulated water, and soluble in all proportions in sulphide of carbon, absolute alcohol,

chloroform, and benzine. Ether and the light essence of petroleum only dissolve traces of it. Myoconine is a powerful poison, resembling curare in its action. The injection of $\frac{1}{10}$ of a gramme produced distinct toxic symptoms in a cat, while one-tenth of a gramme caused death in twenty or thirty minutes. Lycoctonine and lycaconine, which are products of the decomposition of lycaconitine and of myoconine, have a physiological action which recalls that of the primitive alkaloids, but less powerful.

The Value of Indian Hemp in the Treatment of a Certain Type of Headache.

The headache which Dr. Stephen Mackenzie describes in the *Brit. Med. Jour.* is of a dull, continuous, or subcontinuous character, attended sometimes with paroxysmal exacerbations. What is especially characteristic of it is its constancy. Patients will tell you that they rise with it in the morning, are troubled with it all day, and carry it to bed with them at night. If by chance they awake in the night, they find their head is aching. The headache may, in some cases, become aggravated as the day advances, but sometimes the opposite condition obtains, and the headache is worse at the early part of the day. The situation of the headache varies; it may be frontal, temporal, or occipital, or, more rarely, vertical. Usually, however, it is diffused. In such cases he has had good results from the use of fluid extract of Indian hemp in doses of one-third grain, or more, night and morning, or thrice daily, increasing or diminishing the dose as required.

Treatment of Chronic Tropical Diarrhoea.

Pepsin has been found very valuable in these cases by Dr. G. Harrison Younge, who records his experience in the *Medical Press* for January 12. Care should be taken that the pepsin is fresh, as otherwise it is almost useless. Only milk diet should be allowed, and in preparing it care should be taken that the temperature is not raised above 100°, as if it is the action of the pepsin is destroyed. In mild cases the pepsin may be given in powder after meals, while in severe cases half a pint of milk was given every third hour. The temperature of the milk was raised to 100°, and to each half pint was added 5 gr. of pepsin. It was allowed to stand for half an hour, the temperature being maintained at 100°. It was then given to the patient. At the same time all medicines were stopped. The return to full

diet should be gradual, and the pepsin should be continued for some time after all diarrhoea has ceased.

Plugging the Anterior Nares.

There is often considerable difficulty in getting a string from the anterior nares round by the pharynx and out at the mouth, preparatory to performing this operation; and various appliances have been devised for the purpose. For several years Dr. Bryson (*Brit. Med. Jour.*) has always resorted to the following method, and found it both easy of application, efficient, and handy, as the apparatus is always obtainable: Take a piece of twine of sufficient length, and fasten to the end of it a pledget of lint or rag, the size of a large pea, or a small globular button with a neck does very well. Then form a ring about a quarter of an inch in diameter, on the small end of a silver probe or piece of wire, and bend it down. Run the twine through the ring till the pledget or button is close against it. Then pass the wire or probe along the floor of the nose; tell the patient to hawk, and spit out, and at once the pledget with the twine attached is ejected.

Resorcin in Acuminated Warts.

In the *Russkaia Meditzina*, No. 38, 1886, Dr. G. J. Gatchkovsky, of Rybinsk, states that he most successfully treated thirty-four cases of acuminated condylomata by powdering with pure resorcin. He details an interesting case of a young man, aged 17, who never had gonorrhoea or syphilis, but suffered from moderate balanitis, and in whom in course of time there developed two large condylomata (one of the size of a little finger, another of that of a raspberry), and thirty smaller warty excrescences, varying in their size from a hemp-seed to a big pea. Before coming under Dr. Gatchkovsky's observation (about six months after the appearance of the first new growths), the patient remained without any treatment whatever. The small warts disappeared completely after four days' treatment with resorcin; the large condylomata dwindled away three or four days later. No recidive followed.

Case of Hard Chancre of the Vagina.

The following case, observed by Dr. Max Bockhart, is worthy of note on account of the seat of the lesion (the vaginal wall being a very rare locality for primary venereal sores); also on account of the well-marked

induration and the mode of contagion. The patient was a young woman, aged 20, who had had intercourse with her lover, who was suffering from numerous mucous papules on the penis. On examining the woman, Dr. Bockhart found a clearly indurated sore on the posterior vaginal wall. It appeared that the man, in order to increase the sexual enjoyment of his paramour, had made use of a peculiar kind of capote (*Reizcondom*) furnished with three rows of conical projections. By this means excoriation of the vaginal surface was produced, and then, in a subsequent coitus without the condom, contagion was supposed to have taken place. Symptoms of secondary syphilis appeared in the woman in due course.

Indurated Chancre of the Elbow.

The patient in this case, a man aged 26, did not come under M. Fournier's observation at the Hôpital Saint Louis until general signs of syphilis were already well developed, and probably about four months after contagion. Besides a general syphilide and lesions of the throat, etc., there was a healing sore with indurated base over the right olecranon, and well-marked indolent enlargement of the corresponding axillary glands. The inguinal glands were not enlarged. On the genital organs were some of the papules of the general eruption, but no trace of any primary sore. The history the man gave was that he grazed his elbow about four months previously, and that sores formed there about three weeks afterwards. He had had sexual intercourse with public women while the elbow was still sore. M. Fournier, though he had seen primary sores on almost every part of the body, had never before seen one on the elbow.

Case of Acute Multiple Gangrene of the Skin.

Doutrelepoint (*Viertelj. für Derm. u. Syph.*, 1886, Heft 2.) gives a detailed account of an interesting case of this rare disease. Rounded, gray-white plaques, with a pricking, painful sensation, with or without preceding hyperæmia of the skin, show on their surface a certain number of rounded spots of a yellowish color. The patch, therefore, seems to consist of small rounded efflorescences; there is no swelling in the plaques nor pustules, and the skin remains flat. Soon after the plaque, the line of demarcation is formed, which is surrounded by a hyperæmic border; the gangrenous portion of the skin acquires a greenish-yellow color, becomes detached, and

the surface slowly heals. The gangrene was limited to the cutis. Before treatment, most of the scars became keloid. Dressings of one per cent. bichloride solution seemed to prevent the keloid formation.

The Use of the Electric Endoscope.

An account is given by Dittel (*Centralb. f. Chir.*, 1886,) of the applications of this instrument for the better diagnosis of special forms of cystitis, hypertrophy of the prostate, new growths, and foreign bodies in the bladder. The apparatus which he employs is that invented by Nitze. In most cases the instrument is introduced by the urethra, but in the case of an enlarged prostate, a supra-pubic opening should, he suggests, be made if it is necessary. At the same time he draws attention to the fact that without some practice one is liable to mistake, or to misinterpret the appearances which are presented to one's vision. Thus he cites an instance in which an old case of cystitis with great thickening of the bladder walls was mistaken for a carcinoma. The price of the instrument, from \$50 to \$75, is also a bar to its general adoption.

Intestinal Displacement a Cause of Dyspepsia.

M. Glénard, a Vichy physician, believing that displacements of the intestine or "enteroptoses" are a good deal more frequent than is generally supposed, and that they are, indeed, a common cause of dyspepsia, has been in the habit of examining the dyspeptic and neurotic patients who consult him by making them stand up, and then going behind them and pressing on the abdominal wall when in a relaxed condition. If this produces a distinct alleviation of the discomfort he considers that enteroptosis is present, and orders a binder, which in these cases gives great relief, only lasting, however, while it is actually worn. A discussion on this subject has just taken place at a meeting of a Paris medical society, but M. Glénard did not find many of his colleagues prepared to accept his views.

Boldo-Glucine in Nervous Insomnia.

Dr. René Juranville has been studying the hypnotic action of a glucoside extracted from the leaves of the Chilean plant, boldo (*pneumus boldus*). M. Chapoteaut, who discovered this body, has called it boldo-glucine. After trying experiments on dogs, which appeared to show that boldo-glucine was a safe

hypnotic, producing a certain degree of cerebral anemia, Dr. Juranville administered it either per rectum or in capsules, in doses of 1.5 to 5 or even 8 grammes, to a number of patients suffering from different forms of insanity with insomnia. All the patients obtained sleep, or, at least, rest from excitement, and some were relieved from nocturnal hallucinations. Though the effect of the drug was, however, only temporary, the author believes it will prove useful in many cases of nervous insomnia, when other remedies have been unsuccessful.

The Etiology of Epidemic Scurvy.

In the *Sbornik Permskaho Zemstva*, No. 2, 1886, Dr. J. J. Molleson, of Perm, publishes a valuable paper on two epidemics of scurvy which raged over the Perm Government in 1884 and 1885, attacking in the former year 3,062 persons, and in the latter 4,450. Basing his statements on the statistics collected by local practitioners, he shows that scurvy represents mainly a result of a bad food supply. The author's tables most convincingly establish an invariable striking co-relation between the numbers of scurvy patients and bad harvests of corn and potato. Those districts (*üiezdy*) which most severely suffered from bad crops in 1883 and 1884 presented also the greatest numbers of scurvy cases in 1884 and 1885 respectively. The less unfortunate parts of the Government showed correspondingly lesser numbers of scurvy cases.

The Treatment of Lupus by Topical Applications of Bacterium Termo.

Dr. Viñeta-Bellaserra, inspired by the attempts of Cantani and others in the treatment of pulmonary and laryngeal tuberculosis, has tried this plan in lupus, which is now recognized by the majority of dermatologists as a local tuberculosis. He first scarifies the lupus with Vidal's instrument, and then applies cotton-wool soaked in the liquid of a germ-cultivation of the bacterium termo, covering this with gutta-percha, and maintaining it in contact with simple strapping. The application is renewed every twenty-four hours, the scarifications every two days. His results will be published shortly.

Transplantation of the Cornea with Preservation of its Transparency.

Von Hippel, of Giessen, recorded at the last meeting of the German Ophthalmologi-

cal Society, a case of transplantation of the cornea in which the membrane had preserved its transparency for a considerable period. In general it becomes opaque in the course of two or three weeks, even when perfect union has taken place. Helmholtz believes that the opacity results from the aqueous humor coming into contact with the corneal tissue proper, in consequence of injury to the membrane of Descemet. M. Hippel avoided this by removing only that portion of the cornea which lies in front of the membrane of Descemet. In his case the vision was six-sixtieths eight months after the transplantation had been effected, the cornea still remaining clear.

Complete Cure of Chronic Peritonitis by Drainage.

Beljaeff records the case of a woman, aged 32 (*Centralbl. f. Chir.*, 1886,) who became the subject of chronic peritonitis as the result of an abortion, followed by endometritis and perimetritis. A considerable amount of ascites ensued, and the abdomen was twice tapped. As this did not in any way benefit the patient except for a time, it was decided to open the abdomen. At the time of the operation both the parietal and visceral layers of the peritoneum were much thickened and more vascular than natural. The fluid contained a small amount of fibrin, and blood corpuscles. The peritoneal cavity was thoroughly rinsed out with a $\frac{1}{2}$ per cent. sublimate solution, and drainage was effected per vaginam from Douglas's pouch. After three months' drainage a complete cure was the result.

The Operative Treatment of Paralytic Equinovarus.

At the meeting of the General Surgical Congress at Berlin, Rydygier, of Kulm, introduced a new mode of treating this affection. He opens the ankle-joint, and after scraping the surface of the bones puts it up again in a firm apparatus, and allows it to ankylose. By this means the flail-like condition of the foot is obviated. A somewhat similar operation was performed by Von Lesser several years back, the only difference being that he made a lateral incision, so as to get fore-drainage and not anterior, as is at present proposed by Rydygier. The advantage of such an operation is clearly shown by the result of Lesser's cases, which at the present time are well and healthy, and able to walk on their feet, which were before perfectly useless to them.

Neisser's Gonococcus in Gonorrhœal Arthritis.

In the *Vratch*, No. 31, 1886, Dr. P. V. Smirnoff, of Prof. N. M. Lubimoff's laboratory in Kazan, writes that he has examined a sero-purulent fluid aspirated by Prof. N. P. Studensky from the inflamed right knee-joint in a patient aged 28, in whom arthritis had developed about a month after his contracting gonorrhœa, and twenty-six days after the appearance of orchitis. Numerous groups of Neisser's microbes were found within pus-cells. Hence the author comes to the same conclusion to which Petrone, Kemmerer, and M. I. Afanasieff (who also found gonococci in inflamed joints in gonorrhœal arthritis) arrived; that is, that the articular inflammation is caused by Neisser's gonococcus entering the blood.

Pemphigus Vegetans.

Under this name, Neumann (*Viertelj. für Derm. u. Syph.*, 1886, Heft 2.), describes an affection which coincides with the framboesia syphilitica of Kaposi. He considers that it is associated with syphilis. The course of pemphigus vegetans is acute, and the eruption reveals itself on the skin of the genitals and the inner surface of the thigh, armpits, and the mucous membrane of the month; later on the whole surface of the skin. The mucous membrane of the pharynx, larynx, vulva, and also of the vagina, is affected; the anal folds are scarcely ever free. The nodular condylomatous growth continues to appear until the patient dies.

Incontinence of Urine After Labor.

Real incontinence of urine consequent on labor is a rare phenomenon, except as the result of urinary fistulae. It is due to lesions resulting from pressure on and bruising of the urethra by the foetal head when the latter has remained for some time pressing against the pubic arch, or when the pressure in passing has been severe. It is not a functional disorder, since it is often due to genuine anatomical lesions. A cure often takes place spontaneously. Electricity, judiciously employed, is sometimes of service, and should always be tried in cases where no evidence of injury to the urinary passages is present.

Pulsatilla in Acute Orchitis.

Having witnessed the striking curative action of pulsatilla in acute orchitis and epididymitis, Dr. Gerard Smith would like to persuade others to follow Dr. Brunton's advice,

and give this drug in inflammatory states of the testicle, epididymis, and spermatic cord. To have it in our power to subdue promptly the intense suffering of such cases, is a great blessing; and the relief is so rapid that it is even unnecessary to employ morphine to subdue the pain, whilst the swelling and heat subside more rapidly than under any other drug.

Contagious Pneumonia.

In the *Canadian Practitioner*, November, 1886, Dr. J. E. Graham describes a series of cases of pneumonia which he has recently observed. From a study of these cases, as well as the literature of the subject, he is led to draw the following conclusions:

1. That lobar pneumonia is in almost if not in all cases an essential fever.
2. That it is a parasitic disease.
3. That it frequently occurs in the form of epidemics.
4. That it occasionally has appeared to be contagious.
5. That the disease, in an epidemic or contagious form, is nearly allied to erysipelas.
6. That the early and persistent administration of tincture of iron is the proper treatment for these cases.

Nitro-Glycerine in Suspended Animation.

An interesting case is reported in the *Sei-i kwai* medical journal of Japan for November, of the resuscitation of a woman apparently dead by the hypodermic injection of nitro-glycerine. It was a case of collapse after child-birth. Dr. Sackersteen injected ten drops of a solution of nitro-glycerine (strength not given) into a vein. She made a good recovery. It has been suggested that this drug be used in cases of overdoses of chloroform and shock from surgical operation.

Cocaine in Whooping-cough.

Repeated painting of the throat with a 5 per cent. solution of cocaine is stated by Dr. Lahric to have caused an immediate lessening in the number of attacks, children having fifteen or twenty attacks in the twenty-four hours only having five to ten attacks after the application. As the topical effect of the drug is of short duration, it is necessary to repeat it fairly often, but no tolerance is established, as with other drugs. Improvement took place in the general health, probably due to the diminution in the cough.

Syphilitic Infection through Trousers.

In the *Vratch*, No. 26, 1885, Dr. P. P. Glagoleff, of Saksy Military Mud Baths, reports the case of a soldier, aged 23, in whom, two weeks after he had been in hired trousers at a masked ball, there appeared three hard, almost painless ulcers, situated a little below the inguinal fold. Four weeks later, roseolæ, anal condylomata, and mucous patches, made their appearance. The suspected trousers were so tight that the patient was obliged to put them on without drawers.

Antifebrine.

Professor Gerhardt has employed this remedy in ten cases of articular rheumatism, in doses of 3 grammes three times a day. In five of the cases (not recent) it was of no service. In five others (quite recent) it cut the disease short in one case, in two others it was almost completely successful, and in the two last its action was only moderately so. He likens the action of the new drug to that of antipyrine, to which it has, however, no relation chemically.

Chalk Ointment in Erysipelas.

Either precipitated or prepared chalk and previously melted lard, equal parts of each, to each one ounce of which ointment half a drachm of pure carbolic acid is added, is recommended by Dr. Dyce Duckworth in the *Practitioner* as a local application in erysipelas. This preparation is now the favorite one in the erysipelas wards at St. Bartholomew's Hospital.

CORRESPONDENCE.**Lake Fevers.**

EDS. MED. AND SURG. REPORTER:

In Turner's "History of the Holland Purchase," I find a theory of the causation of "lake fevers," which reminds one of the modern germ theory of disease.

De La Barre, Governor General of New France, in 1684, massed all his available troops at Fort Frontenac, in the month of August. The soldiers, not being inured to the climate, were attacked by "lake fever." La Hontau, quoted by Turner, loc. cit., p. 137, gives the following as the theory De La Barre's physician advanced concerning the febrile invasion:

"It was that the excessive heat of the season put the vapors or exhalations into an

over-rapid motion; that the air was so over-rarefied that a sufficient quantity of it was not taken in; that the small quantity taken in was loaded with *insects* and *impure corpusculums* which the fatal necessity of respiration obliged the victim to swallow; and that by this means nature was put into disorder."

Impure corpusculums have been supplanted by swarms of pathogenic bacteria. The "fatal necessity" of respiration—*besoin de respirer*—still exists. Nature, in 1684, as Baron La Hontau observes, was put into disorder by the impure corpusculums and the "Iroquois strain." The breezes of the present are laden with bacilli. Microzymes are now aided by "business strain"—the general prostration and nerve exhaustion of over-work.

CHARLES E. FAIRMAN, A. M., M. D.
Lyndonville, N. Y.

Unique Penis Syringe.

EDS. MED. AND SURG. REPORTER:

I send you a description of the following little device, which I have dubbed "Unique Penis Syringe," to be used in lieu of the common penis syringes. It consists of a glass tube or barrel three and a half or four inches in length, one-half an inch in diameter, conical at one end to fit the meatus urinarius, and to the end is attached a hollow rubber ball an inch or more in diameter. By compression and expansion of the ball, fluid can be drawn up and forced into the urethra and returned to the syringe, thus perfectly washing the urethra, the desideratum in urethral injections.

A word as to directions: After the syringe is partly filled, the conical end is snugly fitted to the meatus, and by raising and compressing the ball, the fluid is forced into the urethra; then lower the ball and let it expand, and the fluid is again returned to the syringe. By this manœuvre the injection can be changed and a complete cleansing of the urethra effected. With the barrel of a common glass syringe and a small rubber ball, I made a very good instrument.

D. W. BOONE, M. D.

Bellaire, Ohio.

The Alkaline Antiseptic Treatment of Gonorrhœa.

EDS. MED. AND SURG. REPORTER:

Apropos of the new alkaline antiseptic treatment of gonorrhœa: About a year ago, reasoning from the parasitic theory, I treated a recent case of gonorrhœa with frequent

thorough injections of a ten-grain solution of sulphite of soda in water. We secured a complete cure in ten days from the beginning of treatment. It was the patient's first case, and he was a robust, hearty man of 24 years, and kept at work driving team. There was no doubt of the genuineness of the case. One of his companions, who contracted it from the same woman about the same time, came to me two months afterward for treatment. His discharge had been gleety for some time, but had taken on an exacerbation, and was again purulent. The soda sulphite solution quickly reduced it to gleet again, but it required astringents to complete the cure. I have had no experience with the disease since.

J. C. McMULLEN, M. D.

Allegheny City, Pa.

Cocaine and Dobell's Solution.

EDS. MED. AND SURG. REPORTER:

I wish to call the attention of the profession to the fact that cocaine and "Dobell's solution" are incompatible, and a precipitate is formed because the alkalies are so potent in this solution.

JNO. A. ROBISON, M. D.

Chicago, Ill.

NEWS AND MISCELLANY.

Foreign University Intelligence.

Lyons.—M. Berne, professor of external pathology, has been obliged by ill health to obtain leave of absence during the present academical year.

Paris.—The candidates for the Chair of Internal Pathology, vacated by M. Peter, on his appointment to the Professorship of Clinical Medicine at the Hôpital Necker, were MM. Debove, Dieulafoy, Duguet, Joffroy, Lancereaux, Landouzy, Quinquand, and Strauss. From these the faculty was selected: (1st) M. Dieulafoy, (2d) M. Strauss, and (3) M. Duguet. The selections for the Professorship of Anatomy are (1st) M. Farabeuf and (2d) M. Rémy; and those for the Chair of Physics are (1st) M. Gariel and (2d) M. Desplats. A new professorship, the chair of which will be filled by Dr. Dubuisson, is about to be established at the School of Law. He will treat of "Mental Maladies" from the point of view of the legal responsibility of criminals affected in their mind.

St. Petersburg.—Prof. Sorokin's term of

office has been prolonged for a period of five years.

Odessa.—After a good deal of delay or uncertainty about the establishment of a medical faculty, the Town Council has decided to grant the sum of £900, which is required to enable the university architect to visit and inspect foreign buildings of a similar nature, and to prepare the plans, on the express condition, however, that the Russian Government will promise definitely to authorize the establishment of the proposed medical faculty.

Olfactory Acuteness.

An interesting contribution, says the *Med. Press*, was recently made by Messrs. Nicholls and Bailey to *Nature*, giving the results of experiments upon the relative acuteness of the sense of smell in individuals. A series of solutions of oil of cloves, nitrite of amyl, extract of garlic, bromine, and prussic acid were prepared by successive dilutions with water until the limit of perception was reached, and then the solutions were placed indiscriminately and submitted to a number of persons of both sexes to classify them properly by the sense of smell. The results showed that on the average the sense of smell was much more delicate in the males tested than in the females; but the degrees of keenness ranged widely as between individuals. Thus three male observers were able to detect one part of prussic acid in 2,000,000 parts of water, though its presence was not revealed by a chemical test; but others, of both sexes, could not detect prussic acid in solutions of almost overpowering strength. The following figures give the average limit of delicacy of perception:

Cloves.—Males, 1 in 88,128; females, 1 in 50,667.

Nitrite of Amyl.—Males, 1 in 783,870; females, 1 in 311,330.

Extract of Garlic.—Males, 1 in 57,927; females, 1 in 43,900.

Bromine.—Males, 1 in 49,254; females, 1 in 16,244.

Prussic Acid.—Males, 1 in 112,000; females, 1 in 18,000.

The Phylloxera.

The average yield of the French vintage for the four years from 1875 to 1878, inclusive, was 1,275,000,000 gallons. The last three vintages have decreased at a greater rate than 100,000,000 gallons per year, and now it is reported that in the vintage of 1886 more than one-fifth of the yield was produced

from dry raisins and dregs of the first and second press. Although it is beginning to be the fashion to ascribe this decrease chiefly to mildew and other causes, the presence of the phylloxera must be regarded as one of its principal causes. After a variety of researches only one method has been found to effectually kill this insect, and that is by inundation, begun in November and continued for forty days. The vineyard on which this experiment was tried was one of the first to be attacked. In 1867 the wine produced was 925 hectolitres; in 1868, 40; in 1869, 85; in 1870, the first year of submersion, 120 hectolitres. Since that year the quantity produced has gradually increased, until it has nearly reached its normal figures, and the vines have regained their vigor. The commission appointed in France, which publish every year such a heavy report, have chiefly studied methods for killing the insect underground, and but little practical benefit has attended their action. Had they directed their energies to a policy of extermination above ground, very different results might have been attained.

Capital Punishment by Electricity.

The horrid features of capital punishment by hanging (says the *N. Y. Med. Jour.*)—a term tantamount in the majority of instances to strangling—have often received consideration from a medical point of view. It is now announced that a legislative commission appointed to inquire into the merits of various devices for putting murderers to death with less repulsiveness will shortly report to our State Legislature in favor of the adoption of electricity. It is thought that the result is likely to be the passage of a bill abolishing execution by the gallows. A medical member of the commission is said to have expressed the wish that this State would "take the initiative in this step toward a broad humanity," and to have professed his gratification that France, Germany, and New Jersey seem to have had their serious attention turned to the matter in consequence of the New York inquiry.

A Doctor Who Could Shoot.

The *Indiana Medical Journal* is responsible for the following: During the twenty years which Dr. Ackley practiced in northern Ohio his reputation became very great. He was a man who was impulsive in his actions, as is shown by the following incident: One day while out duck-shooting he was ac-

companied by a favorite dog. Another hunter was on the opposite side of the stream, and as the ducks which he shot fell into the water, Dr. Ackley's dog would swim in and get them. The man objected to this, but Ackley told the man he should have all the ducks retrieved by the dog. The man answered that should the dog retrieve another duck he would shoot him. Ackley replied if the man shot the dog he would shoot the man. Another duck was shot and in sprang the dog, and was as promptly shot. Ackley reciprocated by filling the man full of shot from his fowling-piece, after which he immediately left the scene and returned rapidly to the city. Some time later a man came into his office complaining that some one had filled him full of bird-shot. Ackley proceeded to pick them out one by one, at the same time condoling with the man, and at the close of the process charged him a good bill.

A Sign of Death.

Among the means of determining between actual and apparent death, M. Peyraud regards cauterization of the skin by Vienna paste as one of the most certain. In the living subject the eschar formed will be of a reddish-black or brownish color, while in the cadaver it is yellow and transparent. If the eschar is formed slowly and is of a yellow color, the subject is dead, but if it is red, brown, or black, it may be assumed that life is not yet extinct.

The Use of Cocoa.

The total consumption of cocoa is 80,000,000 pounds per annum, supplied mainly by the West Indies and South America. France heads the list with 26,000,000 pounds; Spain comes next with 16,000,000 pounds; then follows England, 14,000,000 pounds; and the United States, 8,500,000 pounds. In this last country the use of cocoa has increased more than six-fold since 1860, while that of tea and coffee within the same period has not quite doubled.

The Harvard Medical School.

In the recent annual report, the President of Harvard University spoke as follows of the medical department: "The medical school makes a slow gain in the number of students and its annual income, but is nevertheless doing excellent work. A plan for abridging the four years' course of study in certain cases is now under consideration."

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE
UNITED STATES MARINE HOSPITAL SERVICE,
FOR THE SIX WEEKS ENDED JANUARY
29, 1887.

Wyman, Walter, surgeon. Granted leave of absence for three days, January 14, 1887.

Wheeler, W. A., passed assistant surgeon. To proceed to Erie, Pennsylvania, as inspector, January 12, 1887.

Personal.

—Dr. William Stevenson Robertson died at his birth-place, Muscatine, Iowa, on January 20, aged fifty-six years. He was President of the Iowa State Board of Health, and Professor of the Theory and Practice of Medicine in the Iowa State University.

Items.

—The mortality from labor in China is estimated to be eight per cent., or about four hundred thousand deaths annually.

—The *Pennsylvanian*, published by the students of the University of Pennsylvania, is to contain a series of short sketches of University professors, the first of which will appear in a few weeks.

—The Scientific Society of the University of Pennsylvania has established a book exchange for the benefit of students. Second-hand books will be bought and sold, saving purchasers any needless expense.

—To investigate the existence of diseased bones, Dr. M. J. Roberts, of New York, drills a hole in the bone, and then introduces a small incandescent lamp of half-candle power into the opening, and thus illuminates the cavity.

—The Municipal Council of Bordeaux has decided that the name of Paul Bert shall be given to a street in Bordeaux. Paul Bert was one of the promoters of the Faculté de Médecine of Bordeaux, where he subsequently occupied a chair.

—The Faculty of Medicine of Paris has conferred the Lacaze Prize of 10,000 francs, awarded every four years for the best work on the treatment of fevers, typhoid in particular, to M. Albert Robin, for his "Leçons de Clinique et de Thérapeutique Médicales."

—The peculiarity of malarial disease in China, according to the Hospital Report of the American Episcopal Mission, is that there is a remarkable predominance of the quartan type, and the paroxysms are most likely to come on at night or in the afternoon.

—For the relief of the violent pains that in some women precede the menstrual flow, Dr. Meniere, of Paris, gives a warm water enema, containing thirty grains of chloral and thirty grains of bromide of potassium. For young women only half of the above quantities should be prescribed.

—During the progress of a fire recently in New York, Superintendent Frederick Simmons, who attempted to cut a wire of the United States Illuminating Company, which caused obstruction to the firemen, was instantly struck dead by the force of the electric current with which it was charged.

—The publication of the third medical volume, the last of the series comprising the *Medical and Surgical History of the War*, has been delayed by the pressure of current work at the Government Printing Office. The completed manuscript was ready for the press in February last, but scarcely a fourth of it is yet in type.

—A Virginia gentleman, incensed with a schoolmaster for flogging his son, drew a check in payment of the tuition fees due, and made it so insulting in its terms that the schoolmaster had it cashed and then sued the drawer for libel in "publishing" it, but he was defeated in the courts and was afterwards horsewhipped by his antagonist.

—At a recent meeting of the Paris *Société de Biologie* M. Féré said that he had lately observed an ataxic patient who had crises of profuse sweating or salivation, accompanied with fulgurant circumorbital pains and a unilateral increase of the lachrymal secretion, a phenomenon which, the speaker remarked, had already been noticed by Duchenne and Pierret.

—Dr. W. M. Lively, of New York city, on January 20, sent to the Bureau of Vital Statistics the certificate of death of Alice Downs, a colored woman, whose age he states to be 110 years, 11 months, and 9 days. She was born in Maryland, had never married, and had lived in New York for fifty-two years. The cause of death was pneumonia.

—Lady Visitor: "Well, how are you this morning, my dear?"

Invalid: "Oh, very low, indeed."

"Have you seen a physician?"

"Yes."

"What did he say?"

"That the malady was normal."

"And who is this doctor?"

"It is Dr. X."

"Ah, well, he was right; with him all maladies are normal."